



ASSISI
HOSPICE
Caring for Life

DEEPENING OUR CARE

Annual Report 2025

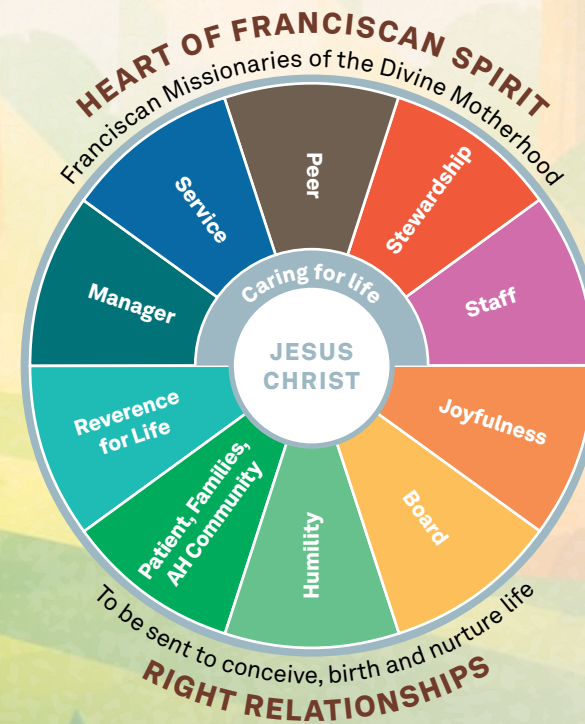
FRANCISCAN VALUES



Assisi Hospice was established in 1969 by the Franciscan Missionaries of the Divine Motherhood. We dedicate our efforts to providing palliative care for all who are vulnerable. Our guiding principles in caring for the sick and the poor take root in Franciscan values, as lived by our Patron Saint, St Francis of Assisi.

Francis was the son of a wealthy merchant, but he gave up his life of luxury to follow God's calling to lead a life of brotherly love and peace, caring for the poor, the sick and the marginalised. He loved nature and revered all forms of life as God's creation.

At Assisi we emulate the example set by our Patron Saint in serving all who need our care, with humility and joy, treating everyone with respect and compassion.



We care not only for our patients, but also their families, to provide support for their physical, emotional, psychosocial and spiritual needs. We welcome people of all faiths, age, race and financial position. No one will ever be denied of our care because of who they are or what they can afford.

The life and teachings of St Francis have much relevance to us at Assisi, as we come face-to face with diverse individuals from all walks of life, who need our support, love and care.

May we continue to serve this mission in the spirit of St Francis as we live out his prayer:

THE PRAYER OF SAINT FRANCIS

*Lord, make me an instrument of Your peace.
 Where there is hatred, let me sow love
 Where there is injury, pardon
 Where there is discord, unity
 Where there is doubt, faith
 Where there is error, truth
 Where there is despair, hope
 Where there is darkness, light, and
 Where there is sorrow, joy.
 Oh Divine Master,
 Grant that I may not so much seek
 To be consoled as to console
 To be understood as to understand
 To be loved as to love.
 For it is in giving that we receive
 It is in pardoning that we are pardoned
 and it is in dying that we are born to eternal life.*

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OUR VISION

To be the Leader and Centre of Excellence for Compassionate and Personalised Palliative Care.

OUR MISSION

The Assisi Hospice is a Catholic charity providing compassionate, personalised and quality palliative care to adults and children with life-limiting illnesses through our inpatient, home and day care services.

OUR PATRON

Ms Ho Ching

OUR SERVICE VALUES



REVERENCE FOR LIFE

We cherish life and respond to all beings with respect and compassion, by enhancing and preserving the dignity of all beings throughout life, and at its natural cessation in death.



STEWARDSHIP

We manage the resources and relationships that are entrusted upon us wisely, fairly and responsibly by allocating our resources to serve those most in need.



JOYFULNESS

We rejoice in life and all the experiences that each day brings by sharing joyfulness with our patients, their families, and anyone in touch with the Hospice.



HUMILITY

We employ our skills, opportunities and talents humbly in the service of our fellow beings by improving ourselves as individuals and as a team to serve others better.



SERVICE

We accept our positions as servants to those who are in need of our care by providing a healing experience, in an environment that is comfortable, welcoming and assuring.

MESSAGE FROM MS WENDY LOUIS

Chairperson

Catholic Health Care Asia



I am delighted that 2026 has been declared a year of St Francis of Assisi by Pope Leo XIV, commemorating the 800th centenary of his death.

When we reflect on the life of St Francis we are drawn to the “authentic source of peace” he lived from. St Francis reminds us that “peace with God, peace among people, and peace with creation are inseparable dimensions of a single call to universal reconciliation”.

In the light of the theme “Deepening our Care”, let this year 2026 be an imitation of the “Poor Man of Assisi” and let it be “a silent passage from enthusiasm to deep maturity, from spectacular celebration to imitation in daily life” of his detachment from material things, his simplicity and poverty.

In 2025 we celebrated 800 years since St Francis composed the Canticle of Creation. St Francis addressed all of creation claiming kinship with brother sun, sister moon and all of creation. This great Canticle praising God and his creatures was sung by St Francis towards the end of his life, through

his suffering and broken body. This is the paradox of Assisi Hospice too.

Assisi Hospice is a place where families bring their loved ones to make their final journey and yet, there is peace and joy that quietly lives through the grief and loss.

The main purpose of the FMDM sisters in setting up Catholic Health Care Asia was so that the Gospel values exemplified in the life of St Francis, especially of simplicity, peace and reconciliation will be experienced and expressed in their health care ministries. Since the official establishment of CHCA by the Vatican in June 2020, the transition of Assisi Hospice from FMDM to CHCA as its governance body has been an experience of great collaboration and partnership. The transition from FMDM to CHCA as the sole member of Assisi Hospice was completed in August 2024. A huge thank you to the FMDM Congregational Leadership Team, Assisi Hospice Board and Executive leadership for the work that was done successfully.

I wish to put on record my appreciation to the FMDM International Congregational Leadership Team who completed their term in Sept 2025. Sr Jane Bertelsen FMDM as congregational leader from 2013 walked with Assisi Hospice through thick and thin, as well as guided and accompanied the process of setting up CHCA from inception. It is with deep gratitude that we bid farewell to Sr Jane and welcome the new Leadership Team. Sr Helen Doyle FMDM as congregational leader will replace Sr Jane in CHCA.

My congratulations to the team at Assisi Hospice for the amazing work they are doing in the Hospice and homes of so many vulnerable people. The compassionate, respectful and interdisciplinary approach is enabling them to support people in incredibly difficult situations, and the effect of this work is often not seen but certainly felt by those whom they encounter.

MESSAGE FROM MR THOMAS TEO

Chairman
Board of Directors



With the launch of the refreshed National Strategy for Palliative Care in 2023 by the Ministry of Health, Singapore's palliative care landscape has evolved quite rapidly. There has been an expansion of capacity across care settings, with substantial increases in home palliative care capacity, and stronger inpatient and day hospice services nationwide. Funding enhancements, including higher subvention and improved MediShield Life claim limits, have reduced barriers to access, ensuring that more Singaporeans can receive quality palliative care regardless of income level.

One of the recommendations from the National Strategy is the implementation of a sustainable palliative care model that provides an appropriate level of support to individuals with varying levels of palliative care needs through tiered services. Today, hospital palliative wards and healthcare institutions are better equipped than ever to manage common symptoms and support patients during earlier stages of serious illness. This strengthened baseline across the healthcare system represents a major step forward for patients and families, enabling earlier intervention and more seamless transitions of care.

As general capabilities expand across hospitals and community settings, Assisi Hospice's role within the ecosystem has correspondingly evolved. Increasingly, we are caring for patients with more complex clinical and psychosocial needs. We see individuals with heavy symptom burdens, multiple comorbidities and significant emotional, social or spiritual distress. Caring for these patients and their families demand highly specialised expertise, experience and holistic intervention.

At Assisi Hospice, we continue to invest and strengthen our capabilities so that we can deepen our care for patients and families facing the most complex and challenging circumstances. Aligned with national priorities, we are expanding capacity, particularly in palliative home care, so that patients who prefer to be cared for at home can be supported in familiar surroundings, close to the people and memories that matter most. At the same time, our inpatient service remains vital for patients whose needs cannot be adequately managed elsewhere.

As we grow in our services, we are mindful that we must continue to uphold the highest standards of corporate governance and accountability. Assisi Hospice remains firmly committed to the principles set out in the Code of Governance for Charities and Institutions of a Public Character (IPC), ensuring transparency, integrity and responsible stewardship of the resources entrusted to us.

I would like to extend my heartfelt appreciation to my fellow Board and committee members for their invaluable counsel, our CEO Ms Choo Shiu Ling for her leadership, and our executive team and staff for their steadfast dedication. We are deeply grateful to our donors, volunteers and friends for their faithful partnership and generosity, in recognition of the work we do in the healing ministry of Jesus. I would also like to express my special appreciation to Mr Linus Tham and Mr Tony Mallek, who stepped down from the Board last year after serving three full terms with us. At the same time, we warmly welcome A/Prof Thomas Chee to the Board.

Above all, we give thanks to God for His grace and guidance as we continue our Franciscan mission of compassionate care. May we seek His glory in everything we do.

MESSAGE FROM MS CHOO SHIU LING

Chief Executive Officer



Our Assisi ministry hopes to bring peace, service and care for others, and to express our gifts with courage and wisdom as we respect the dignity of every individual. It is heartwarming to observe how team members have an authentic heart of care for each other.

The Assisi team has grown significantly to care for many more patients. It has been a process of discernment within the team on how to support colleagues towards fulfilling professional and personal growth, alongside delivering care for ever

more patients and families with increasingly more complex and diverse needs. We have re-calibrated our model of care, adjusted team structures, modified leadership roles, and paid close attention to the skills-set and capabilities within the team.

It is a common sentiment amongst team members that we are privileged to learn much from the patients and families we engage with. Much of this arises from the unique paradox of palliative care where grief and loss exist with joy and peace, and together with so many emotions. All testament to the complexity of

our human selves and relationships. Perhaps also why we ultimately seek simplicity and peace.

We remain steadfast in our commitment to advocate for those whom we serve and to contribute to the development of the palliative care community.

With faith in our merciful and loving God, we will continue to do our best to embrace all who come to us with care and love.

BOARD OF DIRECTORS



Mr Thomas Teo
Chairman



Mr Paul Lee
Deputy Chairman



Ms Fiona Rankine
Director



Ms Jacqueline Wong
Director



Ms Lynna Chandra
Director



Mr Nagaraj Sivaram
Director



Prof Philip Choo
Director



A/Prof Thomas Chee
Director (w.e.f. 01/07/25)



Mr Jeff Cheong
Director



Ms Kuah Boon Theng
Director



Mr Linus Tham
Director (till 30/6/25)



A/Prof Lita Chew
Director



Mr Tony Mallek
Director (till 30/6/25)



Ms Trillion So
Director

MANAGEMENT TEAM



Top row from left:

- Mr Andy Tham** Head, Operations
- Ms Ann Neo** Head, Information Technology
- Ms Katherine Tan** Head, Human Resource
- Ms Juliet Ng** Head, Communications & Community Engagement
- Ms Sheena Low** Manager, Day Care
- Ms Karen Poon** Mission Director
- Ms Jacinta Phoon** Head, Psychosocial Support Services
- Clin Asst Prof Ong Eng Koon**, Head, Medical Services (Homecare)

Bottom row from left:

- Ms Eliada Yap** Director, Nursing (w.e.f. 01/01/26)
- Ms Chiew Cheng Fong** Director, Nursing (till 31/12/25)
- Ms Choo Shiu Ling** Chief Executive Officer
- Clin Asst Prof Peh Tan Ying** Clinical Director
- Clin Asst Prof Gwendoline Soh** Head, Medical Services (Inpatient & Daycare)
- Ms Gladis Tern** Head, Finance

BOARD COMMITTEES

Nominations Committee (NC)

- Mr Thomas Teo – Chairperson
- Mr Paul Lee
- Ms Jacqueline Wong

Audit Committee (AC)

- Mr Nagaraj Sivaram – Chairperson
- Ms Jenny Lim
- Mr Mah Kah Loon
- Ms Trillion So (w.e.f. 01/07/2025)
- Mr Linus Tham
- Ms Gwendel Tung
- Ms Karen Yeoh

Investment Committee (IC)

- Mr Thomas Teo – Chairperson (w.e.f. 01/07/2025)
- Mr Tony Mallek – Chairperson (till 30/06/25)
- Ms Celestine Khoo
- Mr Paul Lee
- Ms Catherine Loh
- Mr Chua Keng Hong (w.e.f. 01/07/2025)
- Ms Gwee Siew Ping (w.e.f. 01/07/2025)
- Mr Timothy Tay (w.e.f. 01/07/2025)

Human Resource Committee (HRC)

- Ms Jacqueline Wong – Chairperson
- Mr Samir Bedi
- Ms Lynna Chandra
- Prof Philip Choo
- Ms Geraldine Lee
- Ms Ong Chin Yin

Community Engagement Committee (CEC)

- Ms Fiona Rankine – Chairperson
- Ms Lynna Chandra
- Mr Jeff Cheong
- Mrs Susie Koh (till 30/06/25)
- Ms Susanna Kulatissa (till 30/06/25)
- Ms Azmeen Moiz
- Ms Penny Shone
- Mr Linus Koh (w.e.f. 01/07/2025)
- Ms Lee Hwee Chin (w.e.f. 01/07/2025)

Finance Committee (FC)

- Mr Paul Lee – Chairperson (w.e.f. 01/07/2025)
- Ms Angela Ee
- Ms Gwee Siew Ping (w.e.f. 01/07/2025)
- Mr Tony Mallek (till 30/06/25)
- Mr John Ng
- Ms Trillion So
- Ms Martina Wong

Programmes And Services Committee (PSC)

- A/Prof Lita Chew – Chairperson
- Ms Lynna Chandra
- Dr Lim Su-Fee
- A/Prof James Low
- Ms Terina Tan
- Ms Kuah Boon Theng
- Adj. A/Prof Tan Bee Yee (w.e.f. 01/07/2025)

The Board Directors' attendance at Board Meetings for the period January to December 2025:

| Name of Directors | Number of Board Meetings invited to attend | Attendance |
|--|--|------------|
| Mr Thomas Teo (Chairman) | 4 | 4 |
| Mr Paul Lee | 4 | 4 |
| Ms Lynna Chandra | 4 | 1 |
| A/Prof Thomas Chee (w.e.f. 01/07/2025) | 2 | 2 |
| Mr Jeff Cheong | 4 | 2 |
| A/Prof Lita Chew | 4 | 4 |
| Prof Philip Choo | 4 | 3 |
| Ms Kuah Boon Theng | 4 | 3 |
| Mr Tony Mallek (till 30/6/2025) | 2 | 2 |
| Ms Fiona Rankine | 4 | 3 |
| Mr Nagaraj Sivaram | 4 | 4 |
| Ms Trillion So | 4 | 3 |
| Mr Linus Tham (till 30/6/2025) | 2 | 0 |
| Ms Jacqueline Wong | 4 | 3 |

Non-board Level Committees

Facility Medifund Committee (FMC)

Ms Linda Auyong - Chairman
 Ms Michelle Chian
 Ms Rose Lu
 Ms Jacqueline Khoo
 Mr Simon Yeo (w.e.f. 01/04/2025)
 Sr Linda Sim (till 31/03/2025)

Ethics Advisory Panel (EAP)

A/Prof Lalit Krishna - Chairman
 A/Prof Chan Mei Yoke
 Mr Christopher Chong
 A/Prof Lai Siang Hui
 Ms Terina Tan
 Msgr James Yeo

Building Management Advisory Panel (BMAP)

Mr Linus Tham – Chairman
 Mr Hoong Bee Lok
 Mr Andrew Ang
 Mr Chan Heng Lim
 Mr Johnny Goh

FRANCISCAN VALUES AT THE HEART OF OUR CARE AND EXPRESSION IN ESG

The timeless ethos of Franciscan values as translated to our service values, bring life and completeness to the contemporary articulation of sustainability in organisational practice through considerations of ESG (Environment, Social and Governance).

We continue to build a community of colleagues, volunteers and stakeholders that shares the desire to build right relationships and to develop our best abilities in service to the needs of our patients and families.

Our core values reflect our respect for all life and indeed the environment that sustains humanity. The Assisi Hospice is a purpose built, Platinum Green Mark facility that provides a life-affirming environment.

We are committed to continuous improvements and sustainability in our operational practices.

Assisi Hospice serves the unmet needs of the community; we belong to the community and exist only with the support of our stakeholders. It is imperative that we pursue the expressed standards of clinical and corporate governance, as a foundation of our accountability to all whom we serve.

Governance

Assisi Hospice is committed to practices that ensure good governance and management with specific adherence to the principles of the Code of Governance for Charities and Institutions of a Public Character (IPC). Assisi Hospice places an ongoing priority on improving its governance and management practices.

Conflict of Interest

Board members operate under a conflict of interest disclosure process. Annual conflict of interest disclosure statements are undertaken by all members.

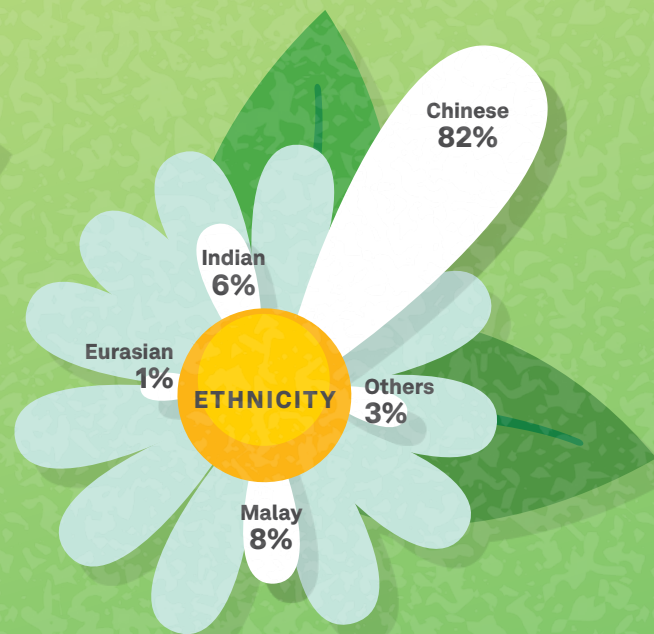
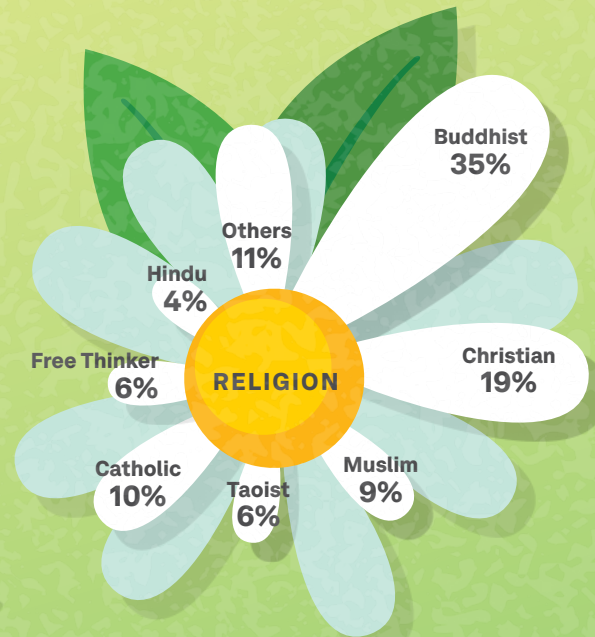
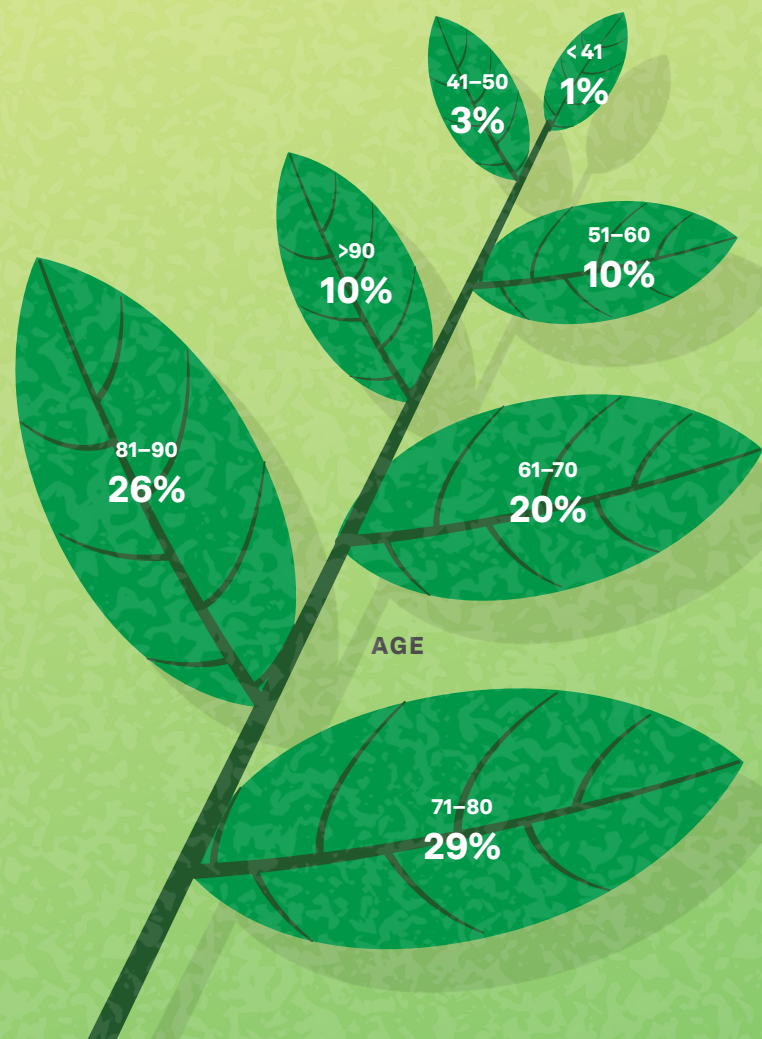
Reserve Policy

The Board established a Reserve Policy of not more than three years of operating expenditure to meet its operational needs.

Disclosure and Transparency

Annual reports are prepared, which include up-to-date information on our programmes, activities, performance and finances as well as a listing of the Board's key office-bearers. Audited financial information is available at Assisi Hospice's website as required by the Commissioner of Charities.

PATIENT PROFILE



INPATIENT AVERAGE LENGTH OF STAY



18 Days

BED OCCUPANCY

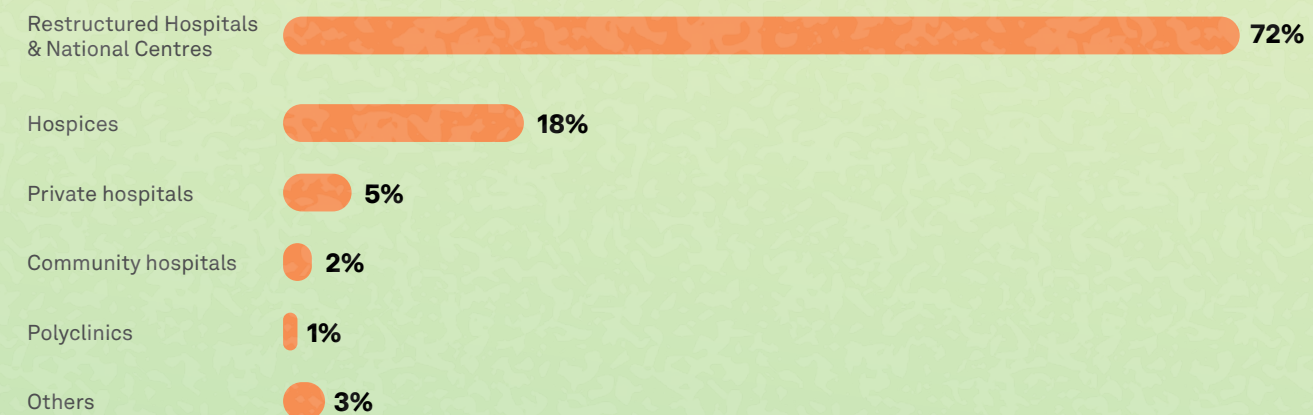


75%

PATIENTS BY SERVICE TYPE

| | New Admissions | Patients Under Care |
|--------------|----------------|---------------------|
| Inpatient | 861 | 908 |
| Home Care | 1,843 | 2,311 |
| Day Care | 138 | 238 |
| Total | 2,842 | 3,457 |

REFERRAL SOURCE



CARING FOR THE UNDERPRIVILEGED



70%

of our patients are means-tested at the lowest income tier. ALL our patients receive substantive Assisi subsidies, which are funded by donations, for their care.



Number of pro bono funerals:

26



ANCHORED IN MISSION

Founded in 1969 by the Sisters of the Franciscan Missionaries of the Divine Motherhood (FMDM), we remain anchored in the Franciscan mission of compassionate care.

to meet staff and patients and to better understand the heart of care in the work we do each day.

Annual Joint Mission Retreat

The Annual Joint Mission Retreat, held in November 2025, brought together the Board and Executive Teams of 3 FMDM healthcare ministries - Assisi Hospice, Mount Alvernia Hospital, Mount Miriam Cancer Hospital in Penang, together with our FMDM Congregational Leadership Team and Canonical Stewards of Catholic Health Care Asia. The retreat centred on our shared identity, close collaboration and foundational commitment to the FMDM Catholic healthcare mission.



The newly elected Congregational Leadership Team visited Assisi Hospice.



FMDM healthcare ministries, FMDM Congregational Leadership Team and Canonical Stewards of Catholic Health Care Asia at the Annual Joint Mission Retreat.

We would like to offer our deepest appreciation and heartfelt thanks to Sister Jane Bertelson, former Congregational Leader, for her prayers, wisdom and guidance to all of us at Assisi Hospice. She has blessed us richly with her generosity of spirit and faithful wisdom, enabling us to have a deeper understanding of our mission and to draw strength and inspiration from it.

New FMDM Congregational Leadership Team

2025 saw the emergence of a newly elected Congregational Leadership Team led by Congregational Leader, Sister Helen Doyle, together with Sisters Biatar Ndlovu, Elvine Msimuko and Lucy Bello, who visited Singapore in November. They spent time connecting with our FMDM Sisters here, were introduced to the diverse cultures and religions in Singapore, and visited both Mount Alvernia Hospital and Assisi Hospice,



Sister Jane Bertelson.

ROOTED AND GROWING

We strengthened our clinical capabilities, expanded our reach, and deepened our commitment to walking closely with those who entrust us with their care.

Expansion of Home Palliative Care

At Assisi Hospice, our care continues to evolve in response to the increasingly complex needs of the patients and families we serve.

Over the past year, we supported a growing number of patients, with a notable expansion in Home Care services. This growth reflects both rising community needs and our commitment to improving access to hospice care. Through streamlined referral pathways, expanded interdisciplinary teams, and strengthened coordination across services, more patients were able to receive timely, holistic care in the comfort of their homes. For many more patients and families, this translated into greater continuity of care, and the reassurance that compassionate support is always within reach.

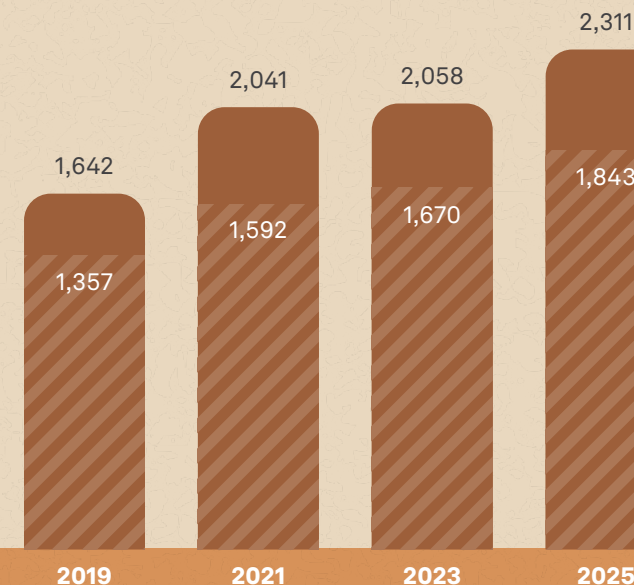


We would like to thank **L87** for their support for our Home Care service.

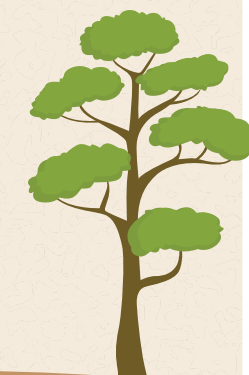
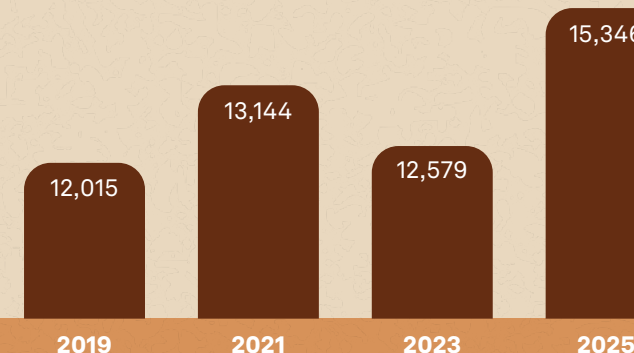


Home Care Patients

- Total patients under care
- Total new admissions



Total visits by all staff





More patients were able to receive timely, holistic care at home.

Increase in Complexity of Care

As our reach expanded, so too did the complexity of care needed by patients and families. We accompanied more patients living with advanced illnesses, complex symptom burdens, multiple comorbidities and significant psychosocial challenges. These situations demand not only clinical excellence, but also attentive listening, compassionate presence, and close collaboration across teams and with our healthcare and community partners. Through ongoing

training, reflective professional practice and shared learning, our teams have strengthened their ability to manage complex symptoms, navigate difficult conversations, and support patients and families through uncertainty, loss and grief.

Spiritual and emotional well-being is foundational to our ministry in palliative care and a core aspect of excellent palliative medicine. We have continued to grow our skills in delivering Clinical Pastoral Care and Psychosocial Support Services for all our patients who come to us with diverse cultural and faith backgrounds.

As we look to the future, we remain steadfast in our mission to strengthen our skills, systems and partnerships, ensuring that every patient receives compassionate, holistic and person-centred care, and that every family feels supported, empowered and respected throughout their journey.

You gently guided, advised and comforted Mum in her last leg

Our deepest gratitude to the kind, patient and empathetic palliative home care team who took great care of my mother during her last year.

She was so blessed to have you as her palliative home care team and she outlived her prognosis by more than a year with your listening ear and excellent care. You gently guided, advised and comforted Mum in her last leg so she had the courage to face her final journey. Our heartfelt thanks to you for your dedicated care, patience, kindness and for always bringing hope and cheer to Mum and our family, giving her a purpose and strength even as symptoms advanced.

We helped to honour Mr Woo's wish of being cared for at home

At the end of life's journey, many seek the comfort of home, surrounded by loved ones. However, this heartfelt wish requires a strong support system for both the patient and caregiver. In the Woo family, two family members, 59 year-old Mr Woo Kok Soon who had been battling colon cancer and their 85-year-old mother who was wheelchair-bound, were cared for by 61-year-old Mdm Woo Siew Gek.

Two years ago, Siew Gek made the difficult decision to leave her job as a personal assistant to become a full-time caregiver to her mother, while Kok Soon worked as a taxi driver. In 2024, Kok Soon was diagnosed with colon cancer. Despite undergoing chemotherapy, his condition worsened. By April 2025, after a month-long hospital stay, Kok Soon expressed his heartfelt wish to be cared for at home, where he could also be near his mother.

Siew Gek shared, "Our relationship was close. He loved my cooking, especially my stew fish head. Even when he was in the hospital, I visited him every day. He wanted to be home, where he knew I would take care of him, and he could be with our mother."

As Kok Soon's condition deteriorated, the burden on Siew Gek grew. Caring for him at night became

especially challenging, as his confusion led to restless nights.

The support she needed came when Kok Soon came under the care of Assisi Hospice's Home Care team in May 2025. Our team understood the immense strain on Siew Gek, providing not only medical care for Kok Soon, but also emotional support for her. Our medical social worker offered a listening ear and links to resources to help her cope with the stress of caregiving. We helped to apply for home-based respite care at night, giving her the much-needed rest she hadn't had in months. Our doctors and nurses visited regularly and provided guidance on medications and injections to help her manage her brother's symptoms.

"The 24-hour helpline was a lifeline," Siew Gek said. "The nurses were always there to advise me, especially when I felt lost, like when Kok Soon was still agitated after his medication."

On 5 August 2025, Kok Soon passed away peacefully at home, surrounded by the people he loved. Siew Gek was able to honour his final wish. She is deeply grateful to the Assisi Hospice Home Care team for helping her fulfil it with dignity and compassion.



On-going Training and Professional Development for Nurses

To ensure that we provide the best possible care for our patients, our nurses receive on-going and refresher trainings to be up to date with the latest standards of care and technological advances. We also provide the appropriate training and opportunity for skills development for nurses who wish to learn more to serve better.

In 2024, we adopted the Entrustable Professional Activities (EPA) framework as the foundation for onboarding and developing Home Care nurses. It offers a structured, work-based approach to training and assessment, focusing on real-world clinical responsibilities. In 2025, we extended the EPA framework to our new Inpatient nurses.



Our nurses receive on-going and refresher trainings to provide the best possible care for our patients.

Other trainings our nurses received include the Palliative Care Outcomes Collaboration (PCOC) refresher training, in-service training for various skills such as tracheostomy care, ventilator care, wound care and care of patients on intrathecal infusion.

Many of our nurses also attended the 6-week “Self-Compassion for Healthcare Communities” course developed by Centre for Mindful Self-Compassion, learning the importance of “putting on one’s own oxygen mask” through regular caring for their own needs as a way of being resourced to care for others who are suffering.

Six nurses completed the Advanced Diploma in Palliative Care Nursing (ADPCN), strengthening our care capabilities. Each year, more nurses take on and complete the ADPCN training. In addition, two nurses advanced their professional development and returned as Advanced Practice Nurses (APNs), contributing to enhanced clinical leadership and patient care. In Singapore, an APN is a highly skilled Registered Nurse with a Master of Nursing qualification, authorised by the Singapore Nursing Board to diagnose, treat, and manage patients with common or complex chronic illnesses. Assisi now has a total of four APNs.

Strengthening Care Through Layered Supervision for Professionals Delivering Psychosocial Support Services

Our psychosocial support service is strengthened through a three-layered supervision framework that builds clinical depth, shared learning, and confidence in managing complex cases.

At the primary layer, one-on-one supervision offers a reflective space for practitioners to process challenges and receive tailored guidance, strengthening individual clinical judgment and emotional awareness.

The secondary layer consists of monthly interdisciplinary group supervision across Medical Social Workers, Bereavement Counsellors, Art Therapists, and Music Therapists. Through recorded sessions and verbatim reviews, staff gain diverse perspectives and deepen their understanding of patients’ and families’ psycho-emotional struggles. This collaborative exchange broadens intervention approaches and strengthens the team’s collective ability to navigate complex situations.

At the tertiary layer, supervisors are developed through bi-monthly “Supervision of Supervisors” sessions led by an external expert using the 7-Eyed Model. By refining their supervisory practice, they are better equipped to guide junior staff and uphold consistent standards of care.

Together, these layers create a supportive learning ecosystem—enabling the team to grow in capability, cohesion, and compassion as they care for patients and families with increasingly complex needs.



Our medical social workers provide psychosocial support to patients and their loved ones.

You took care of my sister and me

Dearest Team of St Michael Ward,

My sister and I would like to express our appreciation for your tender, loving care of our mother, Mdm Tan P.K. You made her feel comfortable and took her preferences seriously. She liked to be clean, so you gave her a hair wash, and kept her room neat and tidy. She liked a quiet environment, so you turned down the volume of the radio outside her room.

In her last days, when she could not close her eyes to sleep, you stroked her hair and eyelids gently to coax her to rest. You changed her sleeping position regularly to make her feel comfortable. You also took care of my sister and me. We cried while you listened and counselled. You prepared us for our mother’s departure in a sensitive and gentle way. And when she left me, you were beside me, your arm across my shoulders while encouraging me to speak to her before her sense of hearing was lost.

Lastly, it was in the hospice that my mother and I came out of our shy and conservative shells, and expressed our love for each other through words. For this, I would like to thank the social worker. She also checked in with my mother, sister and me regularly, listened in a non-judgmental manner, and asked questions that led us to reframe our thoughts and beliefs. Thank you for being a blessing to us.

*Thank you and God bless,
Tan W.T., Elder Daughter of the late Mdm Tan P.K.*

Your team of nurses lent their shoulders in our grieving moments

To Doctor, Nurses, Medical Social Worker, Clinical Pastoral Care, Physiotherapists & Volunteers of St Mark Ward,

On behalf of our family, we would like to express our sincere gratitude for the compassion and exceptional care provided to our beloved late mum Mdm Lye S. Y..

Besides your dedication and patience to ensure our beloved mum received the quality of life and dignity, we would like to thank the doctor for her thoughtful advice of holding our beloved mum's hands in ours to give her warmth and comfort, to let her know that she is not alone in her remaining time.

Your team of nurses were there lending their shoulders in our grieving moments, when our hearts were shattered. We are truly touched by their warmth and empathy.

The times our beloved mum spent at the koi pond, sensory garden, chapel, and the therapy sessions like art & craft, music and with the adorable therapy dogs and volunteers will remain as beautiful memories etched forever in our hearts.

Sincerely,
Jann, Yvonne & Family

A Heartfelt Tribute

For gratitude we gather here,
For care and kindness, so sincere.
To you, who held our mother dear,
Your compassion brought us comfort near.
From November 13th, that fateful day,
She found a team who led the way.
Dedicated souls, with heart so true,
Surrounded her with love anew.
Gentle touches and soothing words,
From every moment, your kindness stirred.
With open hearts and listening ears,
You eased her pain and clam our fears.
Though now we grieve her gentle loss,
We find solace in the love you toss.
An exceptional team, steadfast and bright,
You cared for her with all your might.
For your unwavering support and grace,
You've left an imprint we can't replace.
With heartfelt thanks, our spirits rise -
In our memories, your kindness lies.

With deepest gratitude,
Priscilla Poh, daughter of late Mdm Foo P.S.

Specialised Training and Upskilling for Clinical Pastoral Care Team

Specialised training and upskilling equip our Clinical Pastoral Care (CPC) counsellors to care better for the complex needs of patients and families with diverse backgrounds. For example, training on Ethical and Religious directives for Catholic healthcare services, helped our CPC counsellors to be more proficient in complex spiritual care scenarios. Specific training on Grief and Its Complications, Pre-Death Grief & Loss, better equip staff with a nuanced understanding of the many forms of grief and how to better support complex cases.

The team also underwent training to be facilitators in Mindfulness Practice in Medicine and Poetic Medicine programmes. These programmes enhance wellness and build resilience for fellow healthcare clinician colleagues supporting complex clinical situations.

External spiritual direction and clinical supervision sessions for all CPC counsellors enable them to process challenging cases and maintain spiritual grounding. These, and the ongoing daily team and individual spiritual practices, are also vital for sustaining resilience and preventing burnout, especially when dealing with repeated or complex losses in their clinical work.



Our clinical pastoral care counsellor provides spiritual care to patients.



We brought care and comfort to Mr Yeo

If you had ever taken bus 151 through Hougang to your schools, you might have met 65 year-old Mr Yeo Kok Hoong, your friendly bus captain who had been driving this same route for over 30 years. Born in Kuala Lumpur, Malaysia, Mr Yeo moved to Singapore in his 30s and worked as a bus driver. His long days often began as early as 5 am or ended as late as 2 am, working six days a week. Living in a rented flat with his fellow bus drivers, Mr Yeo found joy in simple pleasures, especially cooking favourite dishes like Hokkien Mee and ginger chicken for his flat mates on his days off.

In 2024, Mr Yeo was diagnosed with lung cancer. He bravely underwent chemotherapy and radiotherapy, but by the end of the year, the cancer had spread to his brain. As he was single and his siblings were in Malaysia, he faced his illness mostly alone. His close friends here were fellow bus drivers who were also busy with their work.

When he came under the care of Assisi Hospice in April 2025, his worries were many. He was anxious about his declining health and uncertain about who would care for him. Financial concerns weighed heavily after he had to stop working. Our doctors and nurses provided him with round-the-clock care to manage his symptoms, and our medical social worker helped him to apply for financial aid and assured him of his care. He came under our No One Dies Alone (NODA) programme, and our

volunteers became his friends. They brought light and companionship to his days, understanding his love of food and organising a small gathering with his favourite hawker delights. The weekly Food Buddy programme ensured his cravings were met, with volunteers delivering the dishes he longed for.

On 21 August 2025, Mr Yeo passed away peacefully at Assisi Hospice. True to the spirit of NODA, volunteers stayed by his bedside, offering comfort and companionship until his final moments.



Mr Yeo enjoying hawker fare with our volunteers.

Assisi showed me there were people who came to help

My mom, Kho P.M., was a patient at Assisi. I would like to express my deepest gratitude from the bottom of my heart to all the staff working at Assisi, from the home care team to the team at the ward, the security staff, the cleaners and the receptionist.

As hard as it was towards the end, it was easier in a way because of all the support provided by everyone there.

My mom spent 10 years with this illness. The thing that kept me going as a caregiver was to tell myself that "No one is coming to save you", so whatever it was, I had to find a way because there was no one else. But at the end, Assisi showed me that there were people who came (to help). Truly, thank you all. It really was a blessing to have been under the care of everyone at Assisi.

You cared for him even when he was difficult

Dear nurses of St Michael Ward,

My family would like to express our heartfelt thanks for all the care and love you have given to my Dad (Uncle) George L. during his final weeks at the Assisi Hospice.

When Dad first arrived at Assisi, he was grumpy and ill and overall in bad spirits. Then he found himself in this lovely room, greeted by friendly faces and free ice cream, with a TV in his room, and he immediately felt better. The welcome made facing his end of life bearable.

Our family who was caring for him also felt relieved because we knew he would be well taken care of. Not just in the clinical sense, but also cared for with love, compassion and understanding.

You are all professional, patient and amazingly kind: You put up with his bad temper and took the best care of him anyway. Even when he was difficult.

For our family, your kindness made it possible for us to spend time with him without worrying about the technical and medical aspects of his care. You were patient with us, answering our questions, responding to our calls for assistance and always taking a moment to speak to us to reassure us.

From the bottom of our hearts, please accept our deepest gratitude and appreciation for your service and dedication.

Cynthia Lee
(on behalf of family of George L)

STRENGTHENING CONNECTIONS

We build connections that sustain our patients' sense of belonging, purpose, and dignity, while navigating the uncertainties inherent in their conditions.

Caring for Patients with Uncertain Prognoses

Our Palliative Day Care service has developed expertise in caring for patients with complex, non-malignant conditions, including neuro-palliative patients and those with chronic progressive respiratory diseases. These patients often present with uncertain prognoses, fluctuating disease courses, and extended care journeys.

Such patients journey with us longer, where we build sustained therapeutic relationships that allow us to address multifaceted needs beyond physical symptoms. We recognise that their challenges extend to psychosocial, emotional, and existential domains, including anticipatory grief, loss of independence, caregiver burden, and evolving care goals as the disease progresses.



30% of our Day Care patients have advanced lung disease.



6% of our Day Care patients have advanced renal disease.



75% of our Day Care patients receive strength and weights training.



Our Day Care patients receive strength training during physiotherapy sessions to maintain their abilities for activities of daily living as much as possible.

A Web of Interconnected Care Needs

Our interdisciplinary team works in close partnership with referring physicians and specialists to optimise symptom management, and conduct timely advanced care planning. Equally important is our commitment to nurturing the

relationships that give life meaning - connections that sustain our patients' sense of belonging, purpose, and dignity while navigating the uncertainties inherent in their conditions.

Community Integration: Bridging the Gap Between Illness and Everyday Life

At Assisi Hospice Day Care, we recognise that quality palliative care includes nurturing meaningful connections that sustain patients' sense of belonging, purpose, and dignity.



Patients visited the Polo Club, accompanied by volunteers from the Italian Women's Group.

In 2025, we conducted 10 outings for 172 patients to keep them socially connected to the community. Together with our dedicated volunteers from various organisations, our patients visited Singapore's new places of interest including Bird Paradise and Rainforest Wild Asia. Such outings allow patients to engage in activities that Singaporeans enjoy, helping them feel less defined by their illness and more connected to enjoyable life experiences. One particularly memorable outing took patients to the Singapore Polo Club, an experience that several described as "once-in-a-lifetime." The joy on their faces was not simply due to the interesting venue itself, but about feeling welcomed into spaces they never imagined they could still access. The collaboration with volunteers from diverse organisations creates reciprocal benefits. Volunteers gain an understanding of palliative care; they also witness firsthand from our patients, the resilience, humour, and vitality that persist even in advanced illness.



Patient with staff from Sembcorp at Rainforest Wild Asia.

Therapeutic Groups: Creating Intimate Communities of Care

While community outings expand patients' connections outward, our curated therapeutic groups cultivate deep bonds within the day care community. We started several new therapeutic groups in 2025.

Designed for individuals living with advanced chronic progressive respiratory disease, the Music Relaxation Group led by our music therapists offers a gentle yet purposeful space to breathe, listen, and restore. Through guided breathing, receptive music listening, and simple vocal or imagery-based practices, patients are supported to ease breathlessness, reduce anxiety, and reconnect with a sense of calm. Sessions are paced to honour fluctuating energy and physical limitations, allowing music to become a steady companion that supports comfort, emotional regulation, and inner resilience within a safe, compassionate group setting for holistic respiratory well-being.



Our lead music therapist Ms Tammy Lim leading the Music Relaxation Group in the Courtyard.



Our patients in Golden Beats performing at Christmas Light-Up event at Assisi Hospice.

Golden Beats, a newly started weekly percussion group for our day care patients, provides patients with opportunities to explore drums and percussion instruments, build social connections, and learn together in an encouraging and supportive environment. Despite their health challenges and lack of prior musical experience, our patients engage enthusiastically, demonstrating that music-making can be an accessible and joyful way to connect, express themselves, and support one another. These relationships often extend beyond session times, with patients checking in on one another during other day care activities. These friendships combat isolation and form the basis for developing a community of mutual support.

Lastly, an innovative programme involving hydroponics was started in July 2025. It facilitates meaningful life review conversations and often triggers positive memories of past experiences with gardens or farming. Every fortnight, patients may be involved in planting seeds, pruning and harvesting. The sense of accomplishment from successful growth provides positive reinforcement and boosts self-esteem and is especially important for patients who may feel they have lost independence or purpose. In addition, working together on plant care fosters friendships, reduces isolation, and builds a sense of community within the day care setting.



Our hydroponics plants right outside the Day Care Centre.



We would like to thank The Moh Family Foundation for their support in making the hydroponics programme possible.

We helped Mdm Wong find comfort and connection



Mdm Wong enjoying the Senior Boleh Hand Chimes Choir practice session.

For 75-year-old Mdm Wong Thai Thai, food has always been a way to share love and joy. As a housewife, she made kuehs to support her family. After surviving leukemia in her 40s, she began volunteering and visited other cancer patients with the food she made. Their appreciation of her food led her to open her own vegetarian eatery, where she served healthy, delicious meals for over 25 years.

But four years ago, Mdm Wong faced a challenge that took away her ability to do what she loved most. She was diagnosed with esophageal cancer and eventually underwent surgery to remove part of her esophagus and stomach. After surgery, she could no longer eat by mouth and had to rely on a feeding tube through her nose. The discomfort she felt was aggravated by the traumatic experience of having to replace the tube every three months without full anesthesia due to her medical condition. Her health declined, leaving

her breathless and needing a wheelchair. A previously active and vibrant woman, she felt a profound sense of loss and anxiety. She was surrounded by a loving and supportive family, yet she felt that they did not understand her struggles.

In June 2024, she came under the care of Assisi Hospice Day Care. Recognising her distress over the feeding tube, our medical team worked with the hospital to explore alternatives. Mdm Wong underwent a procedure to allow feeding directly through her stomach, relieving much of her discomfort and anxiety.

Our medical social worker helped to bridge the communication gap between Mdm Wong and her family, allowing them to better understand her struggles, and to communicate in ways that brought her comfort. With this improved connection, Mdm

Wong received support from her family to accomplish some of her goals for her care, and even made plans for her legacy by pledging to donate her body for research after her passing.

Despite her physical limitations, Mdm Wong has found a new passion which enriches her life - music. Through music therapy, she learns breathing techniques and new instruments, finds solace in expressing her emotions, and has even joined the Senior Boleh Hand Chimes Choir, performing alongside fellow patients. She has also forged strong friendships at Day Care, sharing her recipes with other patients.

With the help of Assisi Hospice's care team, Mdm Wong found strength and purpose in the final chapter of her life. "When some doors close, other doors open," she said.

REACHING THE BEREAVED

We extended our reach to the bereaved in the community through strengthened outreach efforts and partnerships.

Grief and Bereavement Care



We reached out to
1,260
families in the first month
of their loss.



No. of clients who
received one-to-one
counselling support:
201



No. of counselling
sessions provided:
620



No. of external
referred clients:
70



Attendances at Grief
Cafe and support group:
133

Publication to Support the Bereaved

To strengthen support for the bereaved, the team launched “*The Path to Healing – Walking Through Grief With You*” - a bilingual book in English and Chinese. This publication, featuring heartfelt stories from six bereaved clients alongside counsellors’ reflections, was a meaningful gift from Assisi Hospice to the community.



Scan to read.

We launched “*The Path to Healing – Walking Through Grief With You*”.

Bringing Grief Café into the Community

Our commitment to public education continued through two talks and a webinar during the Singapore Hospice Council’s Live Well. Leave Well. Festival in October 2025. Additionally, we were honoured to share insights on grief and bereavement with the Sikh community through the Sikh Welfare Council, and with the Catholic community at Church of St Mary of the Angels.

Through these initiatives, we remain steadfast in our mission to walk alongside those navigating loss, fostering understanding and compassion within the wider community.



Our counsellors brought Grief Cafe into the community in a collaboration with Singapore Hospice Council.

I believe I would see the rainbow

By Lead Medical Social Worker and Counsellor Ivey Tee

Extracted from "The Path to Healing – Walking Through Grief With You"

In April 2022, Xiao Rong bid farewell to her beloved husband.

In November 2023, she lost her dearest mother.

Xiao Rong's world plunged into darkness. Time seemed to freeze.

Through a referral from her late mother's medical social worker, Xiao Rong stepped into the counselling room at Assisi Hospice.

"My last pillar of support—my mom—is gone. I'm completely alone in this world now."

"I feel trapped in a pitch-black tunnel, with no light or blue sky in sight. Just utter loneliness and helplessness."

"Every day, I survive on biscuits and bread. I eat only to stay alive. I don't know what I am living for."

Like many grieving individuals seeking counselling, Xiao Rong saw no future, no hope. Each day brought only emptiness and tears.

If not for her faith and her furry companions at home, she confessed, she might have given up.

But this existence was mere survival, not life. Each day felt like walking through a fog of numbness, with no end in the path of sorrow.

In the counselling room, Xiao Rong was allowed to weep freely and deeply, unburdened by societal expectations. With me, a stranger, she could pour out her grief without fear of judgment or becoming a burden. I guided her to confront the darkness within her—through memories and storytelling, we revisited the beautiful moments she shared with her husband and mother. These recollections, though bittersweet, helped her reclaim the warmth of her past, reshape it, and transform it into a reservoir of strength.

What inspired me was Xiao Rong's courage to grieve. She allowed herself to dwell and flow in the waves of her grief, neither rushing to escape it nor judging herself for it. Unlike many who frantically avoid sorrow, she understood that grief is the most natural response to loss.

Despite enduring dual losses, her childlike heart remained unbroken. She believed in time's power to heal through tears, trusted she would rise again, and held onto the faith that her loved ones had become guardian angels. She trusts that even without their physical presence, she would be able to fulfil the promises they had made together.

Two years has passed, and Xiao Rong's tears would still flow. She once promised to take her husband and mother to Japan to see cherry blossoms after their recovery from illness. Now, though they are gone, those vows remain vivid.

The timid, introverted Xiao Rong embarked on her first solo backpacking trip—from Singapore to Japan—to honour their unfulfilled wishes. She met the snow and greeted the cherry blossoms in Japan. With tears in eyes, she compressed all these moments and brought them home. At a bereavement support group in Assisi Hospice, she shared how she would always hide behind her husband, too afraid to navigate life alone. Yet, her solo journeys after losing her loved ones became a breakthrough. Under the group's admiring gazes, she discovered untapped inner resilience and felt pride in herself.

In December 2024, Xiao Rong revisited an Ang Mo Kio supermarket—a place steeped in memories of her husband. She had avoided it since his passing. Every Christmas Eve, they had shopped there for gifts to donate to low-income families through a local charity. To carry on his legacy of love, she mustered the courage to return. Though her heart raced as she walked along the aisles, she gradually found peace. By the final section, she smiled, "I'll keep his spirit of compassion alive."

In January 2025, Xiao Rong will embark on her third solo trip to Japan. This time, she'll carry not only her loved ones' wishes but also her own dreams. Her transformation, though gradual, is unwavering. She no longer hurries her healing, knowing the depth of love matches the depth of pain.

Though her journey through grief continues, Xiao Rong has learned to embrace her emotions with tenderness. From self-abandonment to reclaiming her dreams, from despair to gratitude for the love she once had, she now catches glimpses of the sunlight ahead...

And I, too, imagine her standing at the edge of sorrow—where the rainbow begins to rise.

I started my sessions with the counsellor shortly after my husband passed away last year.

She was a very strong support all this time when I needed the most.

Her approach to my grief journey was subtle and special. She managed to drive my pain away and made me aware of my potential and resilience.

I do not have enough words to thank her for her company all these months and for her caring words to me.

S. Luculano



GROWING A COMPASSIONATE COMMUNITY

We nurture a compassionate community where individuals come forward with their time, talent and resources to support our patients and families.

Strengthening volunteers' resilience, capabilities and bonding, to deepen their care

As the patients we care for shift towards those with more complex needs, we equipped our volunteers by increasing their resilience, strengthening their capabilities, and building their bonds.

Self-Compassion for Healthcare Communities

Hospice volunteers often interact with patients and families facing terminal illness and death, which can be emotionally taxing. Assisi volunteers were given the opportunity to participate in the Self-Compassion for Healthcare Communities modules, facilitated by Dr Virginia Lien.

Engaging in self-care helps volunteers manage their emotional well-being so that they do not experience burnout or compassion fatigue. This ensures they can continue to provide compassionate care without becoming overwhelmed by their own emotions.

Volunteer Workshops for Skills-Building

Skills-building workshops were conducted to enhance volunteers' capabilities and confidence in supporting Day Care interest group programmes like hydroponics and leather craft.

These sessions also provided opportunities for volunteers to connect with one another while acquiring practical skills relevant to programme support.



Volunteers taking part in leather craft and hydroponics workshops.

Volunteer Appreciation Evening 2025

Bonds were strengthened and rapport was built at the Volunteer Appreciation Evening! Volunteers enjoyed a heartwarming evening filled with bright colours, laughter, good conversations, delicious food, and game machines that brought out everyone's competitive side. They savoured the chance to connect and chat with fellow volunteers - some meeting for the first time, while others finally getting the opportunity to catch up beyond their usual shifts.



Volunteers and our volunteer management team had fun connecting with one another through colourful and fun game machines.

Mingles at pet cafe

Our therapy pets were hosted at a separate appreciation gathering held at Menage Café with their owners.

The session provided a pet-friendly setting for volunteers and their therapy animals to connect, fostering interaction, bonding, and camaraderie. Pet-friendly meals contributed to a warm and inclusive atmosphere.

A wonderful opportunity to appreciate all our volunteers, even the furry ones!



Our volunteer therapy dogs with their owners at the pet cafe.



14 regular volunteer-led service programmes to provide engagement options for patients.



507 sessions of volunteer-led engagements to bring joy to patients and families.



Van Escort volunteers supported our door-to-door service and enabled access for our Day Care patients who attended **2,688 day care sessions.**



On average, each patient experienced **31 instances** of volunteer care (ie. nursing support, meal service, befriending) during their stay in Assisi Inpatient wards.



505 vigil hours were provided under Assisi's No One Dies Alone (NODA) programme so that patients who have no family or friends are accompanied in life's final journey.

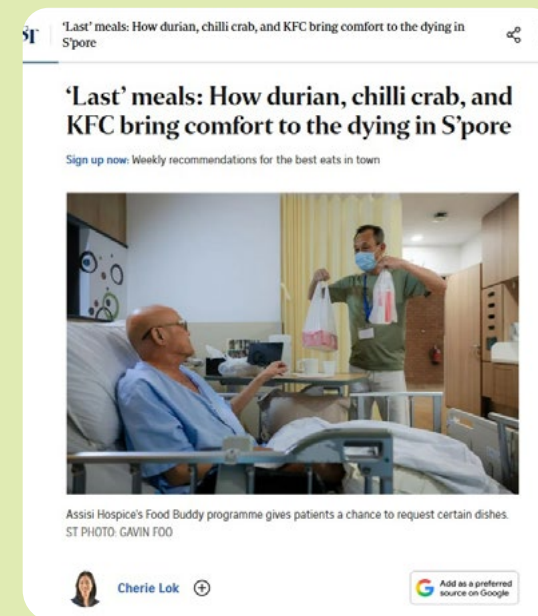


The NODA team journeyed with **37 patients**

Caring Deeply – Volunteers Featured in the Media

Our Food Buddy volunteer Benjamin Chan and No One Dies Alone volunteer Edward Shoo were featured in the media, enabling more to learn about what they do.

'Last' meals: How durian, chilli crab, and KFC bring comfort to the dying in S'pore published by *The Sunday Times* on 10 August 2025



The Straits Times online, 11 Aug 2025

Extracted from article: Assisi Hospice, on the other hand, ropes in volunteers. It formalised the arrangement in 2023 by launching the Food Buddy programme, in which volunteers procure “outside food” for palliative care patients who have specific cravings.

Every week, a doctor and speech therapist assess the condition of patients enrolled in the programme to determine if it is safe for them to have “outside food” that day. They also provide specific dietary instructions for volunteers to follow if necessary.

The food is sourced from nearby hawker centres or malls – Junction 8, for instance, or one of Toa Payoh’s coffee shops. “I usually run to two or three places and try to get here by 11.30am in time for lunch,” says retiree Benjamin Chan, 60, a volunteer at the hospice since 2018.

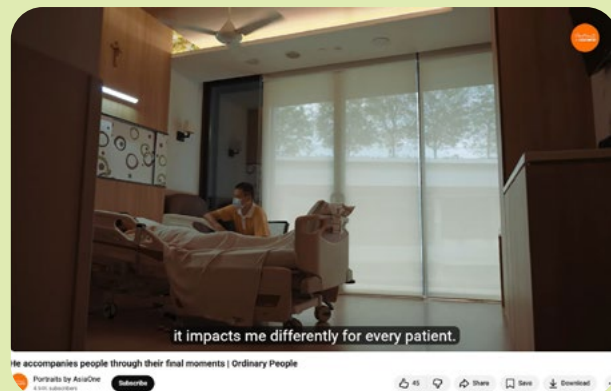
On Tuesdays, after delivering the food, he spends 30 to 45 minutes by the bedside of various patients, chatting about the food and their memories of these dishes. Because he never knows when their last meeting will be, he tries to make every moment count.

“There are certain people I seriously miss talking to. They are so fun, so inspiring. But at the end of day, at least I can feel like there’s something good I’ve given to them. So, there are no regrets there,” he says. These are the moments he wishes he could have had with his father and godmother, who died before he was able to say goodbye.

Hard as he tries, however, he knows that he cannot fulfil everyone’s wishes. Those with more far-flung cravings have to settle for a similar dish from a nearby stall, while others, who cannot decide on a particular dish, force him to play mind-reader.

Sometimes, patients have a specific craving but struggle with the texture of a dish. In such cases, Mr Chan proposes an alternative: soto ayam with shredded chicken instead of chunks of sambal chicken, maybe – something with a similar kick but more manageable form of protein.

He accompanies people through their final moments
published by AsiaOne on 14 July 2025



AsiaOne, 14 Jul 2025

At his first vigil, Edward watched a patient pass away. He gently cleaned and dressed the patient in his own clothes. This is Edward's story — a volunteer with No One Dies Alone (NODA), a programme that offers compassionate companionship to those nearing the end of life with no one else by their side, ensuring no one faces their final moments alone.



Scan to watch video

Engaging the Community

We engage the community to increase their awareness of palliative care.

Live Well. Leave Well. Festival

Are you a “palliative care nurse hero” or “medical social worker hero”? More than 250 people took part in the “Which Assisi Hero are You?” online personality quiz to find out which palliative care hero they are. About 100 members of the public also had fun playing the “Assisi Hero Game” at the Assisi booth at Live Well. Leave Well. Festival roadshow, held at Suntec City Atrium from 10 to 12 October 2025. They learned about the roles of different professionals in palliative care and how they bring care to patients and their families. The annual festival is organised by the Singapore Hospice Council.

Additionally, over 40 members of the public visited Assisi Hospice on 17 Oct 2025 and interacted with members of our palliative care team. They caught a glimpse of what was in the Home Care nurse's luggage, and experienced the power of music in healing during an interactive activity with our music therapist. Through a guided tour of the hospice, they learned about the unique features of the inpatient ward, saw the Day Care service in action as patients engaged in therapeutic programmes, and visited the Chapel, a quiet, peaceful space for all patients and caregivers.



Our Assisi Hero Game cards.



Members of the public had fun at the Assisi booth.



Our Home Care nurse Elena shares what she brings to patients' homes in her luggage.

Assisi Fun Day

Families came together for a day packed with delicious food, thrilling games & rides, and entertaining performances while supporting a beautiful cause at Assisi Fun Day, held on 15 June 2025.

Co-organised with our long-time partner City Developments Limited (CDL), every dollar raised goes to the compassionate care of Assisi Hospice's patients and their families. One of the highlights was the CDL Challenge led by CDL's Group CEO Mr Sherman Kwek, where teams raced in a four-legged relay, sandwiching foam balls between their heads, shoulders and torsos. For every foam ball that crossed the finish line, supporters and business partners pledged donations. A whopping \$150,000 was raised from the challenge!

A huge thank you to our amazing sponsors, tireless volunteers, and generous community groups who gave their time, talents, and merchandise to make this day unforgettable. We were also honoured to have Dr Tan See Leng, Minister for Manpower and Minister-In-Charge of Energy and Science & Technology, and Ms Ho Ching, Patron of Assisi Hospice, grace the event with their presence.



CDL Group CEO Mr Sherman Kwek (2nd from left) taking part in the CDL Challenge.

Assisi Dinner

The theme of Assisi Dinner 2025 - “La Dolce Vita” reminds us that true sweetness in life comes from compassion and care. A heartfelt thank you to Mr Chee Hong Tat, Minister for National Development, who not only graced the event on 13 Sep 2025 as our Guest-of-Honour, but also raised \$48,000 (consisting of two winning bids and a matching donation) for Assisi Hospice with the impromptu effort of serenading our guests with two lovely songs!

Our guests enjoyed a memorable evening filled with uplifting performances by The Countdown band and heartfelt letters and sharing from families of former patients. We were deeply moved by the inspiring sharing from our doctor Dr Tan Su-Yen, medical social worker Mr Phang Xiao Feng, Home Care nurse Ms Rachel Tan, and volunteer Mr Edward Shoo.



Minister Chee Hong Tat sang “A Little Umbrella”, accompanied by our music therapist Ms Trudy Chua.

Christmas Light-Up



A big thank you to our co-organiser Cloudera for making the event possible.

Christmas came alive at Assisi Hospice on 28 Nov 2025, filling our grounds with joy, laughter and heartwarming moments. Our patients and their loved ones were greeted by our adorable Minion and cheerful Snowman mascot, spreading festive fun from the very start.

The evening started with two beautiful performances — a graceful ballet performance by Singapore Ballet Academy, and a touching song by the talented hearing-impaired children from One Heart One Voice, whose courage and harmony moved us deeply.

Our very own Senior Boleh Chimes Choir and Golden Beats formed by our patients and AH MAH Choir formed by staff of Assisi Hospice and Mount Alvernia Hospital, lit up the stage with energy, rhythm and Christmas spirit.

As the evening became dark, the sky burst into colour with fireworks, followed by the grand lighting of our Christmas trees.

A huge thank you to all our performers, staff, and dedicated volunteers from Cloudera, whose support and love made this magical Christmas celebration possible for our patients.

EVOLVE25

Assisi Hospice was invited by Cloudera Singapore to set up a charity booth at their annual conference, EVOLVE25 at Marina Bay Sands, held on 7 Aug 2025. We featured handcrafted leather items made by our patients and an engagement activity that allowed participants to learn more about our services and share messages of encouragement for our patients. With the generosity of the Cloudera community and its partners, \$8,000 was raised through donations and sales of the handcrafted items.



Cloudera staff helped rally the support of their partners at the booth.

Golf with a Cause



Ms Sirikit Oh, CEO, Oneglobal Asia (left), presenting the cheque to a representative from Assisi Hospice.

Oneglobal Charity Golf 2025, held on 31 Oct 2025, was part of Oneglobal’s global community outreach efforts, championed by its Charity and Community Ambassador, Ms Sirikit Oh. Bringing together industry partners, friends and colleagues for a meaningful cause, the event was a celebration of community spirit, compassion, and collaboration as they commemorated SG60. Through the generosity of Oneglobal and its supporters, more than \$153,000 was raised in support of patients under the care of Assisi Hospice.

BUILDING STRENGTH

Celebrating talent and nurturing the growth of our staff, and sharing knowledge to build strength to continue to care deeply.

Awards

We are happy to share that our colleagues have been honoured in these awards.

Nurses' Merit Award 2025 **Mya Nyein Soe,** **Assistant Nurse Clinician (Education)**

Nyein Soe's childhood ambition was to be a lawyer, to advocate justice for those who needed a voice. She became a nurse who advocates for her patients – even when they may be unable to communicate or express their wishes.

Being a nurse for over 20 years, her ability to go beyond the lack of verbal communication and see the needs of patients, enable her to connect with them. She shared about a patient Mr C, who was in his 50s. He had advanced dementia and was unable to verbalise how he felt. She said, "I could see that there was a lot of anger in him, and he would often scream loudly. Despite that, I would still take the time to talk to him and understand his needs. After journeying with him for almost a month, he began to acknowledge us with a 'yes' sometimes, and would even smile at us."

For another patient, Mr T, she did not expect her simple act of service to touch him. She said, "I noticed that his nails were long and he was uncomfortable,

and offered to help trim them. After I was done, he had tears in his eyes as he thanked me. It was something small but what he needed and wanted, and perhaps he was too embarrassed to ask for it."

In her current role as an assistant nurse clinician for education, she is heartened to be able to share her knowledge and empower fellow nurses.

Even as our patients' care needs can be complex, being listened to and understood for seemingly "small" needs is part of providing dignity in care.



Mya Nyein Soe (middle) with Choo Shiu Ling, CEO (left) and Chiew Cheng Fong, Deputy Director of Nursing.

Social Service Professional Awards 2025 **Merit Award** **Tammy Lim, Lead Music Therapist**

In acknowledgement of the outstanding work and dedication of Social Service Professionals, Ministry of Social and Family Development and National Council of Social Service introduced a new Sector Awards for Social Service Professionals to celebrate excellence across various professions. This initiative aims to honour a wide range of professionals, including social workers, youth workers, counsellors, therapists, psychologists, other care and corporate staff.

Tammy Lim was conferred the Merit Award for the inaugural Social Service Professional Awards 2025. This award recognises her potential for leadership in the profession and the difference she has made in the lives of her clients and the community.

Tammy shared, "My values in this journey have been shaped most profoundly by my patients. Each person I have encountered has taught me something about vulnerability and the courage to face life's challenges. My patients remind me daily that therapy is not about fixing, but about being present, bearing witness, and creating a space where music can hold what words cannot. Their stories continue to shape my commitment to walk alongside with compassion and authenticity.



Tammy Lim (middle) receiving the award from Masagos Zulkifli, Minister for Social and Family Development of Singapore (left), with Anita Fam, President of National Council of Social Service.

Health is a state of mind and body. Music therapy complements other forms of care at Assisi because music profoundly impacts one’s mental well-being by regulating mood, reducing stress and anxiety, and enhancing cognitive functions like attention. It also fosters social connections, offers means of healing and emotional expression.

At each stage, music meets people exactly where they are. It has been integrated as part of patients’ journey – for example, in daycare, music functions like a social connector; it creates not only joy, but a sense of community and belonging when patients make music together. Music functions like a container for comfort to manage pain and anxiety, where music cradles the listener gently. And in bereavement support, music becomes a channel for the bereaved individuals to process grief, remember their loved ones, and find resilience.”



Scan to watch Tammy at work

Community Care Manpower Development Award 2025

Seven colleagues were awarded the Community Care Manpower Development Award 2025. This award is administered by the Agency for Integrated Care and provides new entrants, mid-career switchers and current staff working in the Community Care sector with opportunities to pursue and grow a career. The seven recipients were:

- Borjal Athena Madelaine Estrada**, Senior Staff Nurse, attained Advanced Diploma in Palliative Care Nursing
- Jordan Hong**, Senior Staff Nurse, attained Advanced Diploma in Palliative Care Nursing
- Joshua Lee**, Staff Nurse, attained Advanced Diploma in Palliative Care Nursing
- Dawn Lim**, Senior Staff Nurse, attained Advanced Diploma in Palliative Care Nursing
- Loh Soon Yue**, Senior Nurse Clinician, pursuing MSc in Palliative Care
- Rachel Tan**, Senior Staff Nurse, attained Advanced Diploma in Palliative Care Nursing
- Yashoda D/O Moorthi**, Senior Staff Nurse, attained Advanced Diploma in Palliative Care Nursing

Building Strength Through Sharing Knowledge

Palliative care teams are uniquely equipped with the skills to manage physical, psychosocial, emotional, and spiritual needs, providing comfort and dignity when patients are most vulnerable. Through our outreach to current and future healthcare professionals, we strive to build strength in the healthcare community through sharing knowledge.

Visits to Assisi Hospice



Local group/
organisations
13



Overseas group/
organisations
7

Transforming Lives Through Music

From 10 to 12 Sep 2025, 170 passionate healthcare professionals, volunteers, and community members came together at Assisi Hospice to explore the healing power of music in palliative care through the “Transforming Lives Through Music” programme.

Participants dove deep into the vibrant series of lectures and hands-on workshops, and experienced the magic of music as a tool for connection, comfort, and spiritual care.

We were grateful to have Dr. Nicki Cohen and talented music therapists from local healthcare institutions sharing their wisdom and heart. Their generosity made the interactive and experiential time together truly unforgettable.

A big thank you to the Community Care Manpower Development Awards (CCMDA) for supporting the enriching programme that provided insight on transforming care through the universal language of music.



Participants in a hands-on workshop with our lead music therapist Ms Tammy Lim.

Clinical expertise shared**Allied Health/ Medical Social Work Students Attachment**

| | No. of participants |
|--|---------------------|
| Dover Park Hospice – Occupational Therapist and Physiotherapist | 2 |
| Chulalongkorn University – Music Therapist | 1 |
| Lasalle College of the Arts – Music Therapist | 2 |
| Singapore Institute of Technology - Occupational Therapist and Physiotherapist | 2 |
| Monash University – Medical Social Worker | 1 |
| National Institute of Education - Medical Social Worker | 2 |
| National University of Singapore - Medical Social Worker | 2 |
| Singapore University of Social Sciences – Psychosocial Support | 1 |
| Total | 13 |

Nursing Students Attachment

| | No. of participants |
|---|---------------------|
| Ngee Ann Polytechnic (ADPCN) | 29 |
| Ngee Ann Polytechnic (SDPCN) | 9 |
| Nanyang Polytechnic (Specialist Diploma in Nursing (Gerontology)) | 13 |
| Total | 51 |

Medical Students Attachment

| | No. of participants |
|---------------------------------------|---------------------|
| Duke-NUS Medical School | 45 |
| NTU Lee Kong Chian School of Medicine | 55 |
| NUS Faculty of Dentistry | 34 |
| NUS Yong Loo Lin School of Medicine | 112 |
| Overseas institutions | 2 |
| Total | 248 |

Healthcare Professionals Attachment

| | No. of participants |
|-----------------------|---------------------|
| Associate Professor | 3 |
| Doctor | 58 |
| Medical Social Worker | 1 |
| Nurse | 82 |
| Pharmacist | 3 |
| Total | 147 |



Presentation at Conferences and Publication in Journals

Our colleagues participated in conferences, contributing to greater knowledge in the palliative care sector worldwide through oral and poster presentations. They have also shared their knowledge through publication of articles in journals.

Oral presentation

| Staff | Conference | Title |
|---|--|--|
| Celine Yong (Lead Occupational Therapist) | Oceanic Palliative Care Conference 2025, Australia, Brisbane | Living Optimally with End-Stage Chronic Lung Disease |

Poster presentation

| Staff | Conference | Title of Poster |
|--|--|---|
| Ooi Yinn Shan (Senior Medical Social Worker/ Counsellor) | 19th World Congress of the European Association for Palliative Care (EAPC 2025), Helsinki, Finland | Exploring the psychosocial and spiritual needs of patients in Singapore home hospice setting – an exploratory qualitative study |
| Linda Chew (Advanced Practice Nurse) | 16th Asia Pacific Hospice Conference 2025, Malaysia, Sarawak | How home hospice nurses experience professional identity formation - A qualitative exploratory study. |

Article publication

| Authors | Title of the Article | Journal |
|---|---|---|
| Saw Nandar Nwe (Senior Nurse Manager), Dr Murugam Vengadasalam (Senior Consultant), Claire Anne Rayco Ricafort (Assistant Nurse Clinician), Dr Deborah Tan (Registrar), Low Mei Xiu (Registrar), Dr Daniel Lim (Resident Physician), Wen Shan Sim, Dr Ong Eng Koon (Head, Medical Services, Homecare) | “We Are Only the Guests” How Home Hospice Nurses Experience Professional Identity Formation—A Qualitative Exploratory Study | Journal of Hospice & Palliative Nursing. 2025 Aug 1;27(4):E196-E203. PMID No: 40179378 |
| Dr Deborah Tan (Registrar), Grace Yong (Senior Medical Social Worker), Vivian Wong (Senior Art Therapist), Benjamin Hooi, Dr Ong Eng Koon (Head, Medical Services, Homecare) | An Interdisciplinary Approach to Legacy Work for a Young Cancer patient - A Case Illustration | Journal of Social Work in End-of-Life & Palliative Care. 2025 Apr -Jun;21(2):107-114. PMID No: 40232864 |

FINANCIAL STATEMENTS

DIRECTORS' STATEMENT

We hereby submit this annual report to the members of the Company together with the audited financial statements for the financial year ended 31 December 2025.

In our opinion:

- (a) the financial statements set out on pages 61 to 91 are drawn up, so as to give a true and fair view of the balance sheet of the Company as at 31 December 2025, the statement of financial activities and statement of cash flows of the Company for the year ended on that date, in accordance with the provisions of the Companies Act 1967 ('the Act'), the Charities Act 1994 and other relevant regulations ('the Charities Act and Regulations') and Charities Accounting Standards; and
- (b) at the date of this statement, there are reasonable grounds to believe that the Company will be able to pay its debts as and when they fall due.

The Board of Directors has on the date of this statement, authorised these financial statements for issue.

Directors

The directors in office at the date of this statement are as follows:

Teo Liang Huat Thomas
 Paul Lee Seng Meng
 Choo Wee Jin Philip
 Jeffrey Cheong Hwee Han
 Kuah Boon Theng
 Lita Chew Sui Tjien
 Lynna Chandra
 Nagaraj Sivaram
 Rankine Fiona Audrey
 Trillion So
 Wong Yit Yeng
 Chee Swee Guan (Appointed on 1 July 2025)

Under Article 4 of its Constitution, the members of the Company guarantee to contribute a sum not exceeding \$1 each to the assets of the Company in the event of it being wound up. The Company's sole member is Catholic Health Care Asia Limited.

DIRECTORS' STATEMENT

Directors' interests


The Company has no share capital and its member's liability is limited by guarantee.

Neither at the end of, nor at any time during the financial year, was the Company a party to any arrangement whose objects are, or one of whose objects is, to enable the directors of the Company to acquire benefits by means of the subscription to or acquisition of debentures of the Company or any other body corporate.

Auditors


The auditors, KPMG LLP, have indicated their willingness to accept re-appointment.

On behalf of the Board of Directors



Teo Liang Huat Thomas
 Director

4 June 2026



Paul Lee Seng Meng
 Director

INDEPENDENT AUDITORS' REPORT

Members of the Company

Assisi Hospice (A Company Limited by Guarantee)

Report on the financial statements

Opinion

We have audited the accompanying financial statements of Assisi Hospice ('the Company'), which comprise the balance sheet as at 31 December 2025, the statement of financial activities and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, as set out on pages 61 to 91.

In our opinion, the accompanying financial statements are properly drawn up in accordance with the provisions of the Companies Act 1967 ('the Act'), the Charities Act 1994 and other relevant regulations ('the Charities Act and Regulations') and Charities Accounting Standards so as to give a true and fair view of the state of affairs of the Company as at 31 December 2025 and of the financial activities and cash flows of the Company for the year ended on that date.

Basis for opinion

We conducted our audit in accordance with Singapore Standards on Auditing ('SSAs'). Our responsibilities under those standards are further described in the 'Auditors' responsibilities for the audit of the financial statements' section of our report. We are independent of the Company in accordance with the Accounting and Corporate Regulatory Authority *Code of Professional Conduct and Ethics for Public Accountants and Accounting Entities* ('ACRA Code') together with the ethical requirements that are relevant to our audit of the financial statements in Singapore, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the ACRA Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other information

Management is responsible for the other information contained in the annual report. Other information is defined as all information in the annual report other than the financial statements and our auditors' report thereon.

We have obtained all other information prior to the date of this auditors' report.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

INDEPENDENT AUDITORS' REPORT

Members of the Company

Assisi Hospice (A Company Limited by Guarantee)

Responsibilities of management and directors for the financial statements

Management is responsible for the preparation of financial statements that give a true and fair view in accordance with the provisions of the Act, the Charities Act and Regulations and Charities Accounting Standards, and for devising and maintaining a system of internal accounting controls sufficient to provide a reasonable assurance that assets are safeguarded against loss from unauthorised use or disposition; and transactions are properly authorised and that they are recorded as necessary to permit the preparation of true and fair financial statements and to maintain accountability of assets.

In preparing the financial statements, management is responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

The directors' responsibilities include overseeing the Company's financial reporting process.

Auditors' responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SSAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with SSAs, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls.
- Obtain an understanding of internal controls relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal controls.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

INDEPENDENT AUDITORS' REPORT

Members of the Company

Assisi Hospice (A Company Limited by Guarantee)

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal controls that we identify during our audit.

Report on other legal and regulatory requirements

In our opinion, the accounting and other records required be kept by the Company have been properly kept in accordance with the provisions of the Charities Act.

During the course of our audit, nothing has come to our attention that causes us to believe that during the year:

- the Company has not used the donation moneys in accordance with its objectives as required under Regulation 11 of the Charities (Institutions of a Public Character) Regulations; and
- the Company has not complied with the requirements of Regulation 15 (fund-raising expenses) of the Charities (Institutions of a Public Character) Regulations.

The engagement partner on the audit resulting in this independent auditor's report is Goh Jia Ying, Angeline.



KPMG LLP

Public Accountants and
Chartered Accountants

Singapore

4 June 2026

BALANCE SHEET

As at 31 December 2025

| | Note | 2025 \$'000 | 2024 \$'000 |
|------------------------------------|------|----------------|----------------|
| Non-current assets | | | |
| Property, plant and equipment | 4 | 37,625 | 39,057 |
| Investments | 5 | 90,000 | 70,000 |
| | | <u>127,625</u> | <u>109,057</u> |
| Current assets | | | |
| Inventories | 6 | 56 | 46 |
| Trade and other receivables | 7 | 13,243 | 11,786 |
| Cash and cash equivalents | 8 | 79,652 | 88,864 |
| | | <u>92,951</u> | <u>100,696</u> |
| Total assets | | <u>220,576</u> | <u>209,753</u> |
| Funds | | | |
| Restricted funds | 9 | 10,434 | 8,706 |
| Endowment Fund | 10 | 90,000 | 60,177 |
| Unrestricted funds | 11 | 111,595 | 132,851 |
| Total funds | | <u>212,029</u> | <u>201,734</u> |
| Current liabilities | | | |
| Trade and other payables | 12 | 8,547 | 8,019 |
| Total liabilities | | <u>8,547</u> | <u>8,019</u> |
| Total funds and liabilities | | <u>220,576</u> | <u>209,753</u> |

The accompanying notes form an integral part of these financial statements.

STATEMENT OF FINANCIAL ACTIVITIES

Year ended 31 December 2025

| | 2025 | | | | 2024 | | | |
|--|--------------------|------------------|-----------|--------------------|------------------|--------|----------------|--------------------|
| | Total | Total | Endowment | Total | Total | Total | Endowment | Total |
| | Unrestricted Funds | Restricted Funds | Fund | Unrestricted Funds | Restricted Funds | Fund | Endowment Fund | Unrestricted Funds |
| Note | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 |
| As at 1 January | 132,851 | 8,706 | 60,177 | 201,734 | 123,087 | 10,343 | 60,177 | 193,607 |
| Income | | | | | | | | |
| Income from generated fund | | | | | | | | |
| Voluntary income | | | | | | | | |
| - Donation - General | 5,894 | - | - | 5,894 | 8,702 | - | - | 8,702 |
| - Donation - Mount Alvernia Hospital | 588 | - | - | 588 | 588 | - | - | 588 |
| - Grant/Sponsorship received/receivable | 4,256 | 7,654 | - | 11,910 | 4,564 | 5,673 | - | 10,237 |
| | 10,738 | 7,654 | - | 18,392 | 13,854 | 5,673 | - | 19,527 |
| Fundraising activities | 5,550 | - | - | 5,550 | 5,426 | - | - | 5,426 |
| Investment income | 1,893 | - | - | 1,893 | 2,606 | - | - | 2,606 |
| | 18,181 | 7,654 | - | 25,835 | 21,886 | 5,673 | - | 27,559 |
| Income from charitable activities | | | | | | | | |
| - Government grants | 18,994 | - | - | 18,994 | 12,014 | - | - | 12,014 |
| - Patient fees | 10,271 | - | - | 10,271 | 8,878 | - | - | 8,878 |
| | 29,265 | - | - | 29,265 | 20,892 | - | - | 20,892 |
| Total income | 47,446 | 7,654 | - | 55,100 | 42,778 | 5,673 | - | 48,451 |
| Expenditure | | | | | | | | |
| Cost of generating funds | | | | | | | | |
| - Fundraising expenses | 403 | - | - | 403 | 376 | - | - | 376 |
| - Investment impairment reversed | - | - | - | - | (646) | - | - | (646) |
| | 403 | - | - | 403 | (270) | - | - | (270) |

The accompanying notes form an integral part of these financial statements.

STATEMENT OF FINANCIAL ACTIVITIES

Year ended 31 December 2025

| | 2025 | | | | 2024 | | | |
|--|--------------------|------------------|-----------|--------------------|------------------|---------|----------------|--------------------|
| | Total | Total | Endowment | Total | Total | Total | Endowment | Total |
| | Unrestricted Funds | Restricted Funds | Fund | Unrestricted Funds | Restricted Funds | Fund | Endowment Fund | Unrestricted Funds |
| Note | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 |
| Charitable activities | | | | | | | | |
| - Salaries and related costs | 19,483 | 5,328 | - | 24,811 | 16,235 | 6,048 | - | 22,283 |
| - Contributions to defined contribution plan | 2,662 | 108 | - | 2,770 | 2,414 | 125 | - | 2,539 |
| - Programme expenses | 16,328 | 317 | - | 16,645 | 15,259 | 344 | - | 15,603 |
| | 38,473 | 5,753 | - | 44,226 | 33,908 | 6,517 | - | 40,425 |
| Governance costs | | | | | | | | |
| - Professional fees | 95 | - | - | 95 | 59 | - | - | 59 |
| - Insurance | 74 | - | - | 74 | 80 | - | - | 80 |
| - Others | 7 | - | - | 7 | 30 | - | - | 30 |
| | 176 | - | - | 176 | 169 | - | - | 169 |
| Total expenditure | 39,052 | 5,753 | - | 44,805 | 33,807 | 6,517 | - | 40,324 |
| Net income/(expenditure) before tax expense | 8,394 | 1,901 | - | 10,295 | 8,971 | (844) | - | 8,127 |
| Income tax expense | - | - | - | - | - | - | - | - |
| Net income/(expenditure) for the year | 8,394 | 1,901 | - | 10,295 | 8,971 | (844) | - | 8,127 |
| Transfers | | | | | | | | |
| - Transfer between funds | (29,650) | (173) | 29,823 | - | 793 | (793) | - | - |
| | (29,650) | (173) | 29,823 | - | 793 | (793) | - | - |
| Net movement in funds | (21,256) | 1,728 | 29,823 | 10,295 | 9,764 | (1,637) | - | 8,127 |
| As at 31 December | 111,595 | 10,434 | 90,000 | 212,029 | 132,851 | 8,706 | 60,177 | 201,734 |

For details on movement in financial activities of the individual funds, please refer to Note 22.

STATEMENT OF CASH FLOWS

Year ended 31 December 2025

| | Note | 2025 \$'000 | 2024 \$'000 |
|---|------|----------------|----------------|
| Cash flows from operating activities | | | |
| Net income for the year | | 10,295 | 8,127 |
| <i>Adjustments for:</i> | | | |
| Depreciation of property, plant and equipment | 4 | 3,379 | 3,457 |
| Loss on disposal of property, plant and equipment | 4 | 5 | 2 |
| Interest income from time deposits | 14 | (1,893) | (2,606) |
| Impairment loss reversed for the year | 14 | – | (646) |
| | | 11,786 | 8,334 |
| <i>Changes in:</i> | | | |
| Trade and other receivables | | (1,902) | 2,224 |
| Trade and other payables | | 528 | 972 |
| Inventory | | (10) | 2 |
| Net cash from operating activities | | 10,402 | 11,532 |
| Cash flows from investing activities | | | |
| Interest received from time deposits | | 2,338 | 2,894 |
| Purchase of property, plant and equipment | 4 | (1,952) | (1,163) |
| Additional investments in funds | 5 | (20,000) | – |
| Net cash (used in) / generated from investing activities | | (19,614) | 1,731 |
| Net (decrease)/increase in cash and cash equivalents | | (9,212) | 13,263 |
| Cash and cash equivalents at beginning of the year | | 88,864 | 75,601 |
| Cash and cash equivalents at end of the year | 8 | 79,652 | 88,864 |

The accompanying notes form an integral part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS

These notes form an integral part of the financial statements.

The financial statements were authorised for issue by the Board of Directors on 4 June 2026.

1 Domicile and activities

Assisi Hospice ('the Company') is a charitable organisation registered in the Republic of Singapore and has its principal place of business at 832 Thomson Road, Singapore 574627.

The principal activities of the Company are to provide in-patient hospice services for chronically sick and terminally ill patients as well as day care and home care services.

The Company is approved as an institution of a public character ('IPC') under the provisions of the Income Tax Act 1947. The Company is registered as a charity under the Charities Act 1994.

2 Basis of preparation

2.1 Statement of compliance

The financial statements have been prepared in accordance with the Charities Accounting Standards ('CAS').

2.2 Basis of measurement

The financial statements have been prepared on the historical cost basis.

2.3 Functional and presentation currency

The financial statements are presented in Singapore dollars which is the Company's functional currency. All financial information presented in Singapore Dollar has been rounded to the nearest thousand, unless otherwise stated.

2.4 Use of estimates and judgements

The preparation of the financial statements in conformity with CAS requires management to make judgements, estimates and assumptions about the future, that affect the application of accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis and are consistent with the Company's risk management where appropriate. Revisions to accounting estimates are recognised in the period in which the estimates are revised and in any future periods affected.

NOTES TO THE FINANCIAL STATEMENTS

3 Significant accounting policies

The accounting policies set out below have been applied consistently to all periods presented in these financial statements.

3.1 Foreign currency transactions

Transactions in foreign currencies are translated to Singapore dollars at the exchange rate at the dates of the transactions. Monetary assets and liabilities denominated in foreign currencies at the reporting date are translated to the functional currency at the exchange rate at that date. Non-monetary assets and liabilities denominated in foreign currencies that are measured at fair value are translated to the functional currency at the exchange rate at the date that the fair value was determined. Foreign currency differences arising from translation are recognised in the statement of financial activities.

3.2 Property, plant and equipment

Recognition and measurement

Items of property, plant and equipment are measured at cost less accumulated depreciation and accumulated impairment losses.

Cost includes expenditure that is directly attributable to the acquisition of the asset. Purchased software that is integral to the functionality of the related equipment is capitalised as part of that equipment.

If significant parts of an item of property, plant and equipment have different useful lives, they are accounted for as separate items (major components) of property, plant and equipment.

Any gain or loss on disposal of an item of property, plant and equipment is recognised in the statement of financial activities.

Subsequent costs

The cost of replacing a component of an item of property, plant and equipment is recognised in the carrying amount of the item if it is probable that the future economic benefits embodied within the component will flow to the Company and its cost can be measured reliably. The carrying amount of the replaced component is derecognised. The costs of the day-to-day servicing of property, plant and equipment are recognised in the statement of financial activities as incurred.

Depreciation

Depreciation is based on the cost of an asset less its residual value. Significant components of individual assets are assessed and if a component has a useful life that is different from the remainder of that asset, that component is depreciated separately.

Depreciation is recognised as expenditure in the statement of financial activities on a straight-line basis over the estimated useful lives of each part of an item of property, plant and equipment.

NOTES TO THE FINANCIAL STATEMENTS

The estimated useful lives for the current and comparative years are as follows:

| | |
|----------------------------|---------------|
| Building | 30 years |
| Renovations | 3 years |
| Furniture and fittings | 5 years |
| Office and other equipment | 4 to 10 years |
| Motor vehicles | 4 years |
| Plant and machinery | 4 to 10 years |
| Medical equipment | 6 years |
| Computer equipment | 3 to 10 years |

Assets under construction are stated at cost. Expenditure relating to assets under construction are capitalised when incurred. No depreciation is provided until the assets under construction are completed and the related property, plant and equipment are available for use.

Depreciation methods, useful lives and residual values are reviewed, and adjusted as appropriate, at each reporting date.

3.3 Trade and other receivables

Trade and other receivables excluding prepayments are initially recognised at their transaction price, excluding transaction costs, if any. Transaction costs are recognised as expenditure in the statement of financial activities as incurred.

Prepayments are initially recognised at the amount paid in advance for the economic resources expected to be received in the future.

After initial recognition, trade and other receivables excluding prepayments are measured at cost less any accumulated impairment losses. Prepayments are measured at the amount paid less the economic resources received or consumed during the financial period.

3.4 Cash and cash equivalents

Cash and cash equivalents are measured at cost and comprise cash balances, money market funds and time deposits with financial institutions. Cash equivalents are highly liquid, readily convertible to known amounts of cash, have no restrictions on withdrawals and are subject to an insignificant risk of changes in value. Cash and cash equivalents are used by the Charity in the management of its short-term operating cash requirements.

3.5 Investments

Investments are recognised at cost less any accumulated impairment losses on a portfolio basis. Any impairment recorded is reversed in subsequent periods if there is an increase in the relevant portfolio value. The reversal of an impairment shall not exceed what the cost would have been had the impairment not previously been recognised.

3.6 Inventories

Inventories comprising medical supplies, are measured at the lower of cost and net realisable value. Cost is calculated using weighted average cost formula and comprises all costs of purchase and other cost incurred in bringing the inventories to their present location and condition. Net realisable value is the estimated selling price in the ordinary course of business, less the estimated costs necessary to make the sale.

NOTES TO THE FINANCIAL STATEMENTS

3.7 Trade and other payables

Trade and other payables excluding accruals are recognised at their transaction price, excluding transaction costs, if any, both at initial recognition and at subsequent measurement. Transaction costs are recognised as expenditure in the statement of financial activities as incurred. Accruals are recognised at the best estimate of the amount payable.

3.8 Employee benefits

Defined contribution plans

A defined contribution plan is a post-employment benefit plan under which an entity pays fixed contributions into a separate entity and will have no legal or constructive obligation to pay further amounts. Obligations for contributions to defined contribution plans are recognised as an expense in the statement of financial activities as incurred.

Short-term employee benefits

Short-term employee benefit obligations are measured on an undiscounted basis and are expensed as the related service is provided.

A liability is recognised for the amount expected to be paid under short-term cash bonus or profit-sharing plans if the Company has a present legal or constructive obligation to pay this amount as a result of past service provided by the employee and the obligation can be estimated reliably.

3.9 Income

Income are included in the statement of financial activities when the following three factors are met:

- the Company becomes entitled to the income;
- the management are virtually certain that they will receive the income; and
- the monetary value can be measured with sufficient reliability.

Patient fees

Provided it is probable that the economic benefits will flow to the Company, and that the income and expenses, if applicable, can be measured reliably, income from patients and related services is recognised when the services are rendered. Revenue excludes goods and services taxes or other taxes.

Government grants

The Company's income comprises grants from the government to meet the Company's operating expenses and to fund the Company's capital expenditure.

Grants from the government are recognised as income in the statement of financial activities where there is reasonable assurance that they will be received and the conditions attached to them will be complied with. Where uncertainty exists as to whether the Company can meet the conditions, the grants that are received are deferred as a liability until there is sufficient evidence that the conditions attached can be met.

NOTES TO THE FINANCIAL STATEMENTS

Donation and fundraising income

Donation and fundraising income are recognised as income when the following three criteria are met:

- Entitlement – normally arises when there is control over the rights or other access to the resource, enabling the Hospice to determine its future application;
- Certainty – when it is virtually certain that the income will be received; and
- Measurement – when the monetary value of the income can be measured with sufficient reliability.

Donation in kind

Donation in kind are recorded as donation income at an amount equivalent to the estimated value of the items donated when the value can be reasonably and reliably estimated.

Investment income

The Charity's investment income comprises interest income from time deposits, and income from money market funds and investment fund portfolios managed by third-party fund managers. Interest income is recognised using the effective interest method.

Net realised gains and losses arising from the redemption of investments within investment fund portfolios and money market funds are recognised in the Statement of Financial Activities as investment income when the underlying portfolio is redeemed, in whole or in part.

3.10 Expenditure

All expenditure are accounted for on an accrual basis and has been classified under headings that aggregate all cost related to that activity. Cost comprises direct expenditure including direct staff costs attributable to the activity. Where costs cannot be wholly attributed to an activity, they have been apportioned on a basis consistent with the use of resources. These include overheads like utilities, amortisation of leasehold improvements and support costs.

Costs of generating funds

Costs of generating funds include the costs of activities carried out to generate income, which will be used to undertake charitable activities.

Charitable activities

Charitable activities include both direct and related support costs relating to general running of the Company for service delivery.

Governance costs

Governance costs include those costs associated with meeting constitutional and statutory requirements of the Company. It includes insurance, related staff cost, audit and professional fees related to the governance infrastructure and in ensuring public accountability of the Company.

NOTES TO THE FINANCIAL STATEMENTS

3.11 Impairment

(i) Inventories

The Company assesses at each reporting date whether any inventories are impaired. The Company makes the assessment by comparing the carrying amount of each item of inventory with its selling price less costs to complete and sell. If an item of inventory is impaired, the Company reduces the carrying amount of the inventory to its selling price less costs to complete and sell. The Company recognises the reduction as impairment loss immediately in the statement of financial activities.

Financial assets*Trade and other receivables*

At the end of each reporting period, the Company assess whether there is objective evidence of impairment of trade and other receivables. If there is objective evidence of impairment, the Company recognises an impairment loss immediately in the statement of financial activities.

An impairment loss in respect of trade and other receivables is calculated as the difference between its carrying amount and the undiscounted future cash flows that the Company expects to receive from trade and other receivables. Losses are recognised in the statement of financial activities.

Investments

Impairment loss in respect of investments is calculated as the difference between its carrying amount and the best estimate of the amount that the Company would receive from investment if it was to be sold at the reporting date. For investment managed by third party fund managers, impairment loss is calculated on a portfolio basis. Impairment losses are recognised in the statement of financial activities.

3.12 Funds structure

Unrestricted funds are available for use at the discretion of the management in furtherance of the general objectives of the Company.

Restricted funds are subjected to restrictions on their expenditure imposed by the donor or through the terms of an appeal.

The endowment fund is also a restricted fund and any income generated is expendable at the discretion of the governing board members.

NOTES TO THE FINANCIAL STATEMENTS

4 Property, plant and equipment

| | Building \$'000 | Renovations \$'000 | Furniture and fittings \$'000 | Office and other equipment \$'000 | Motor vehicles \$'000 | Plant and machinery \$'000 | Medical equipment \$'000 | Computer equipment \$'000 | Assets under construction \$'000 | Total \$'000 |
|----------------------------------|--------------------|-----------------------|--|--|-----------------------------|----------------------------------|--------------------------------|---------------------------------|--|-----------------|
| Cost | | | | | | | | | | |
| At 1 January 2024 | 48,054 | 163 | 627 | 2,744 | 580 | 6,685 | 1,046 | 5,334 | 285 | 65,518 |
| Additions | – | 57 | 157 | 142 | – | 34 | 56 | 262 | 455 | 1,163 |
| Disposals | – | – | (37) | – | – | (9) | (115) | – | – | (161) |
| Reclassification | – | – | – | 26 | – | 9 | – | 571 | (606) | – |
| At 31 December 2024 | 48,054 | 220 | 747 | 2,912 | 580 | 6,719 | 987 | 6,167 | 134 | 66,520 |
| Additions | – | 10 | 54 | 22 | – | 85 | 86 | 374 | 1,321 | 1,952 |
| Disposals | – | – | (3) | – | (57) | – | (11) | – | – | (71) |
| Reclassification | – | 54 | – | – | – | 64 | – | 215 | (333) | – |
| At 31 December 2025 | 48,054 | 284 | 798 | 2,934 | 523 | 6,868 | 1,062 | 6,756 | 1,122 | 68,401 |
| Accumulated Depreciation | | | | | | | | | | |
| At 1 January 2024 | 11,213 | 16 | 604 | 1,969 | 409 | 4,650 | 810 | 4,494 | – | 24,165 |
| Depreciation charge for the year | 1,602 | 34 | 29 | 286 | 47 | 686 | 78 | 695 | – | 3,457 |
| Disposals | – | – | (37) | – | – | (7) | (115) | – | – | (159) |
| At 31 December 2024 | 12,815 | 50 | 596 | 2,255 | 456 | 5,329 | 773 | 5,189 | – | 27,463 |
| Depreciation charge for the year | 1,602 | 58 | 47 | 304 | 45 | 702 | 69 | 552 | – | 3,379 |
| Disposals | – | – | (3) | – | (57) | – | (6) | – | – | (66) |
| At 31 December 2025 | 14,417 | 108 | 640 | 2,559 | 444 | 6,031 | 836 | 5,741 | – | 30,776 |
| Carrying amounts | | | | | | | | | | |
| At 31 December 2024 | 35,239 | 170 | 151 | 657 | 124 | 1,390 | 214 | 978 | 134 | 39,057 |
| At 31 December 2025 | 33,637 | 176 | 158 | 375 | 79 | 837 | 226 | 1,015 | 1,122 | 37,625 |

NOTES TO THE FINANCIAL STATEMENTS

5 Investments

The Company's investment committee oversees the management of funds set aside for investment purposes. The investments are managed on a portfolio basis by third party fund managers, Lion Global Investors Limited (LGI), Fullerton Fund Management Company Ltd (FFMC) and Schroder Investment Management (S) Ltd (SIMS) at cost of \$30million, \$40million and \$20million respectively as at 31 December 2025. These funds are invested in a portfolio of investments designed to balance risk and returns over the long term. The performance of each of the funds are monitored by the investment committee on a portfolio basis every quarter.

| | 2025 \$'000 | 2024 \$'000 |
|---------------------------------------|----------------|----------------|
| Carrying amount – 1 January | 70,000 | 69,354 |
| Additions | 20,000 | – |
| Impairment loss reversed for the year | – | 646 |
| Carrying amount – 31 December | 90,000 | 70,000 |

In the prior year, the Company recognised a full reversal of impairment loss of \$0.6 million on the investment portfolio managed by SIMS, where the market value of the portfolio was \$20.3 million as at 31 December 2024.

As at 31 December 2025, the total cost of the investment portfolio amounted to \$90 million (2024: \$70 million), with a corresponding market value of \$108.4 million (2024: \$81.8 million).

6 Inventories

| | 2025 \$'000 | 2024 \$'000 |
|------------------|----------------|----------------|
| Medical supplies | 56 | 46 |

NOTES TO THE FINANCIAL STATEMENTS

7 Trade and other receivables

| | 2025 \$'000 | 2024 \$'000 |
|--|----------------|----------------|
| Trade receivables | 879 | 1,496 |
| Allowance for doubtful trade receivables | (24) | (24) |
| Net receivables | 855 | 1,472 |
| Amount due from Ministry of Health | 11,328 | 8,849 |
| Other receivables | 48 | 95 |
| Deposits | 260 | 245 |
| Interest receivable | 501 | 946 |
| Prepayments | 251 | 179 |
| | 13,243 | 11,786 |

The Company's primary exposure to credit risk arises through its trade receivables and fund receivable from third parties. Concentration of credit risk relating to the trade receivables is limited due to the Company's many varied patients. No significant risk exposure is expected to arise from the fund receivable from third parties. The Company's historical experience in the collection of accounts receivable falls within the recorded allowances. Due to these factors, management believes that no additional credit risk beyond the amounts provided for collection losses, if any, is inherent in the Company's trade receivables.

8 Cash and cash equivalents

| | 2025 \$'000 | 2024 \$'000 |
|---|----------------|----------------|
| Cash at bank and in hand | 16,428 | 13,646 |
| Time deposits with financial institutions held by the Company | 38,224 | 75,218 |
| Money market funds | 25,000 | – |
| Cash and cash equivalents in the statement of cash flows | 79,652 | 88,864 |

The interest rates per annum for deposits held by the Company in financial institutions at the reporting date ranges from 1.25% to 2.01% (2024: 2.50% to 4%). Time deposits are placed by the Company with a maturity of six and twelve months.

During the year, the Company invested \$25,000,000 in money market funds as a replacement for fixed deposits in response to declining interest rates. As at 31 December 2025, the money market funds had a market value of \$25,018,755, determined based on the net asset value reported by the respective fund managers. The money market funds are highly liquid, with daily dealing and no restrictions on withdrawals, and are intended to meet the Company's short-term operating cash requirements. The funds invest primarily in high-quality, short-term debt instruments and are subject to an insignificant risk of changes in value. Accordingly, the money market funds have been classified as cash and cash equivalents.

NOTES TO THE FINANCIAL STATEMENTS

Included in the cash and cash equivalents is an aggregate of \$2,911,543 (2024: \$3,033,002) which is subject to usage restriction imposed by the donors (see restricted funds in note 9).

9 Restricted funds

| | Note | 2025 \$'000 | 2024 \$'000 |
|--------------------------------------|-------|----------------|----------------|
| Community Silver Trust Fund | (i) | 9,444 | 7,597 |
| Paediatric Palliative Care Programme | (ii) | 646 | 647 |
| Patient Assistance Fund | (iii) | 144 | 385 |
| Respectance Fund | (iv) | 32 | 38 |
| Singapore Ireland Fund | (v) | 34 | 34 |
| Gym Tonic Fund | (vi) | 134 | 5 |
| | | <u>10,434</u> | <u>8,706</u> |

(i) Community Silver Trust Fund

| | 2025 \$'000 | 2024 \$'000 |
|---------------------------------------|----------------|----------------|
| Balance at 1 January | 7,597 | 9,185 |
| Grant from the Community Silver Trust | 7,522 | 5,673 |
| Expenditure | (5,502) | (6,468) |
| Fund transfer | (173) | (793) |
| Balance at 31 December | <u>9,444</u> | <u>7,597</u> |

The fund is represented by:

| | | |
|------------------------------------|--------------|--------------|
| Amount due from Ministry of Health | 7,522 | 5,673 |
| Cash and cash equivalents | <u>1,922</u> | <u>1,924</u> |
| | <u>9,444</u> | <u>7,597</u> |

The Community Silver Trust is a scheme whereby the government will provide a matching grant of one dollar for every donation dollar raised by eligible organisations to fund programmes for up to 5 years. As such, expenditures incurred and fund transfers made from the fund may not necessarily match the grants received in any single year. The objectives are to encourage more donations and provide additional resources for the service providers in the Intermediate and Long Term Care Sector and to enhance capabilities and provide value-added services to achieve affordable and higher quality care.

NOTES TO THE FINANCIAL STATEMENTS

During the year, the Company utilised \$5,502,000 (2024: \$6,468,000) from the fund and transferred \$173,000 (2024: \$793,000) for purpose of depreciation to the Accumulated Fund.

(ii) Paediatric Palliative Care Programme

| | 2025 \$'000 | 2024 \$'000 |
|-----------------------------|----------------|----------------|
| The fund is represented by: | | |
| Cash and cash equivalents | <u>646</u> | <u>647</u> |

The Paediatric Palliative Care Programme was established in 2005 to provide paediatric palliative care to the terminally ill children and their families.

During the year, the Company utilised \$1,000 (2024: \$27,000) from the fund to help needy paediatric patients.

(iii) Patient Assistance Fund

| | 2025 \$'000 | 2024 \$'000 |
|-----------------------------|----------------|----------------|
| The fund is represented by: | | |
| Cash and cash equivalents | <u>144</u> | <u>385</u> |

The Patient Assistance Fund was set up in 2010 to assist low income needy patients and their families with immediate needs such as transportation, food and milk feeds, consumables and any other needs as deemed necessary.

No donations were received in 2024 and 2025. Amounts of \$18,000 and \$241,000 were utilised from the fund in 2024 and 2025 respectively to help needy patients.

(iv) Respectance Fund

| | 2025 \$'000 | 2024 \$'000 |
|-----------------------------|----------------|----------------|
| The fund is represented by: | | |
| Cash and cash equivalents | <u>32</u> | <u>38</u> |

NOTES TO THE FINANCIAL STATEMENTS

The Respectance Fund was set up in 2011 with the desire to respect and fulfil the preference of our patients to die in their own homes. This fund also provides short-term financial help for needy families whose primary breadwinner is facing death.

No donations were received in 2024 and 2025. Amounts of \$1,000 and \$6,000 were utilised from the fund in 2024 and 2025 respectively to help needy families.

(v) Singapore Ireland Fund

| | 2025 \$'000 | 2024 \$'000 |
|-----------------------------|----------------|----------------|
| The fund is represented by: | | |
| Cash and cash equivalents | 34 | 34 |

The fund was set up in 2015 with the objective to support palliative nursing care training.

No donations were received or utilised from the fund in 2024 and 2025.

(vi) Gym Tonic Fund

| | 2025 \$'000 | 2024 \$'000 |
|-----------------------------|----------------|----------------|
| The fund is represented by: | | |
| Cash and cash equivalents | 134 | 5 |

The fund was set up with the objective to purchase advanced gym equipment and software to improve the functional abilities of patients.

In 2024, no amounts were allocated to the Gym Tonic Fund from the grant received from Lien Foundation, and \$3,000 was utilised from the fund. In 2025, \$132,000 was allocated to the Gym Tonic Fund from the grant received from Lien Foundation (see Note 12), and \$3,000 was utilised from the fund.

NOTES TO THE FINANCIAL STATEMENTS

10 Endowment Fund

| | 2025 \$'000 | 2024 \$'000 |
|-----------------------------|----------------|----------------|
| The fund is represented by: | | |
| Investments | 90,000 | 60,177 |

The fund was set up with the objective to create a new ongoing source of income to enhance the long term financial viability to cater for organisational expansion and growth.

In 2024, no transfers were made from the Accumulated Fund to the Endowment Fund. In 2025, \$29,823,000 was transferred from the Accumulated Fund to the Endowment Fund.

11 Unrestricted funds

| | Note | 2025 \$'000 | 2024 \$'000 |
|--------------------|-------|----------------|----------------|
| Accumulated Fund | | 61,064 | 79,373 |
| Staff Welfare Fund | (i) | 759 | 846 |
| Building Fund | (ii) | 34,520 | 37,002 |
| Sinking Fund | (iii) | 15,252 | 15,630 |
| | | 111,595 | 132,851 |

(i) Staff Welfare Fund

| | 2025 \$'000 | 2024 \$'000 |
|-----------------------------|----------------|----------------|
| The fund is represented by: | | |
| Cash and cash equivalents | 759 | 846 |

The fund was set up in 2012. The objective of the fund is to offer a one-off financial aid for the death of a spouse, child or parent of any staff, to help staff when there is an urgent and unexpected need, to set aside some funds for group activities and subscription of corporate membership to places of interest for staff.

During the year, the Company received donations and grants amounting to \$16,000 (2024: \$16,000) and utilised \$103,000 (2024: \$107,000) from the fund for staff activities.

NOTES TO THE FINANCIAL STATEMENTS

(ii) Building Fund

| | 2025 \$'000 | 2024 \$'000 |
|-------------------------------|----------------|----------------|
| The fund is represented by: | | |
| Property, plant and equipment | 34,520 | 37,002 |

During the year, the Company incurred depreciation expense of \$2,482,000 (2024: \$2,482,000), included within programme expenses.

The hospice building held by the Company is for general and not restricted purpose.

(iii) Sinking Fund

| | 2025 \$'000 | 2024 \$'000 |
|-----------------------------|----------------|----------------|
| The fund is represented by: | | |
| Cash and cash equivalents | 15,252 | 15,630 |

This fund was established in 2018 with the objective to meet the needs of replacing systems and maintaining the building over a 10-year period.

During the year, the Company utilised \$378,000 (2024: \$163,000) from the fund of which \$161,000 (2024: \$21,000) was transferred to Accumulated Fund for the purpose of depreciation, replacements and maintenance to the building.

NOTES TO THE FINANCIAL STATEMENTS

12 Trade and other payables

| | 2025 \$'000 | 2024 \$'000 |
|---------------------------------------|----------------|----------------|
| Amount due to Mount Alvernia Hospital | 189 | 203 |
| Patients' deposits | 1 | - |
| Trade and other payables | 475 | 670 |
| Advance received from Lien Foundation | - | 132 |
| Accrued operating expenses | 1,889 | 1,526 |
| Provision for employee bonus | 5,917 | 5,333 |
| GST payable | 76 | 155 |
| | <u>8,547</u> | <u>8,019</u> |

The amount due to Mount Alvernia Hospital is unsecured, interest-free and repayable on demand.

Advance received from Lien Foundation will be used for future Lien Foundation approved projects. During the year, the Company received approval from Lien Foundation to transfer \$132,000 to Gym Tonic Fund (refer to note 9).

13 Donation from Mount Alvernia Hospital

Donation from Mount Alvernia Hospital amounted to \$588,000 (2024: \$588,000).

In addition, included in the fundraising activities income was an amount of \$36,000 (2024: \$36,000) donated by Mount Alvernia Hospital during the Charity Dinner.

14 Investment income

| | 2025 \$'000 | 2024 \$'000 |
|------------------------------------|----------------|----------------|
| Interest income from time deposits | 1,893 | 2,606 |
| Impairment reversed for the year | | |
| - Accumulated Fund (see note 5) | - | 646 |
| Net investment income | <u>1,893</u> | <u>3,252</u> |

NOTES TO THE FINANCIAL STATEMENTS

15 Charitable activities

The accumulated fund comprises the Hospice's unrestricted funds accumulated from prior years and current year surpluses, which may be applied towards the Hospice's charitable activities at the discretion of the Board.

Expenditure on charitable activities under Accumulated Fund comprises the following:

| | Programme expenses \$'000 | Salaries and related costs \$'000 | Contributions to defined contribution plan \$'000 | Total \$'000 |
|---|---------------------------------|---|--|-----------------|
| 2025 | | | | |
| Hospice services | 8,979 | 14,962 | 1,447 | 25,388 |
| Day care services | 2,265 | 2,068 | 278 | 4,611 |
| Home care services | 2,282 | 7,068 | 937 | 10,287 |
| Total | 13,526 | 24,098 | 2,662 | 40,286 |
| Less: Funded by CST Operating Expense Matching Grant | - | (4,615) | - | (4,615) |
| | 13,526 | 19,483 | 2,662 | 35,671 |
| 2024 | | | | |
| Hospice services | 8,399 | 13,248 | 1,303 | 22,950 |
| Day care services | 2,115 | 1,785 | 251 | 4,151 |
| Home care services | 2,014 | 6,202 | 860 | 9,076 |
| Total | 12,528 | 21,235 | 2,414 | 36,177 |
| Less: Funded by CST Operating Expense Matching Grant | - | (5,000) | - | (5,000) |
| | 12,528 | 16,235 | 2,414 | 31,177 |

NOTES TO THE FINANCIAL STATEMENTS

16 Professional fees

| | 2025 \$'000 | 2024 \$'000 |
|---------------------|----------------|----------------|
| External audit fees | 37 | 30 |
| Internal audit fees | 20 | 20 |
| Others | 38 | 9 |
| | 95 | 59 |

17 Net income/(expenditure) for the year

The following items have been included in arriving at net income/(expenditure) for the year:

| | Note | 2025 \$'000 | 2024 \$'000 |
|--|------|----------------|----------------|
| Supplies and consumables | | 1,500 | 1,215 |
| Depreciation of property, plant and equipment | 4 | 3,379 | 3,457 |
| Loss on disposal of property, plant and equipment | 4 | 5 | 2 |
| Repairs and maintenance | | 627 | 553 |
| Support services rendered by Mount Alvernia Hospital | | 536 | 498 |
| Agency manpower services | | 4,202 | 3,709 |
| Utilities | | 454 | 507 |
| Staff costs | | 24,811 | 22,283 |
| Contributions to defined contribution plans | | 2,770 | 2,539 |

18 Income tax expense

The Company is an approved charity organisation under the Charities Act 1994 and an institution of a public character under the Income Tax Act 1947. No provision for taxation has been made in the financial statements as the Company is a registered charity with income tax exemption.

NOTES TO THE FINANCIAL STATEMENTS

19 Tax deductible donations

Tax deductible donations amounting to \$8,147,000 (2024: \$9,105,000) were received during the year.

The Company enjoys a concessionary tax treatment whereby qualifying donors are granted 250% tax deduction for the donations made to the Company.

20 Commitments

As at 31 December 2025, the Company had commitments of \$1,362,671 (2024: \$211,840) relating to the purchase of computer equipment and addition and alteration works to the existing building.

21 Related parties**Key management personnel compensation**

Key management personnel of the Company are those having authority and responsibility for planning, directing and controlling the activities of the Company. The Board of Directors and executive management team are considered key management personnel of the Company.

Key management personnel compensation comprised:

| | 2025 | 2024 |
|------------------------------|---------------|---------------|
| | \$'000 | \$'000 |
| Short-term employee benefits | 3,331 | 3,057 |

In compliance with the Code of Corporate Governance for Charities and Institutions of a Public Character, the annual remuneration of the Company's three highest paid staff fall into the following band(s):

| | 2025 | 2024 |
|------------------------|-------------|-------------|
| \$300,000 to \$400,000 | 1 | 2 |
| \$400,000 to \$500,000 | 1 | 1 |
| \$500,000 to \$600,000 | 1 | - |

NOTES TO THE FINANCIAL STATEMENTS

The directors did not receive any compensation for their services rendered to the Company. There are no paid staff who are close members of the family of the Chief Executive Officer or any Board members. Other than disclosed elsewhere in the financial statements, the transactions with related parties are as follows:

Mount Alvernia Hospital

| | 2025 | 2024 |
|--|---------------|---------------|
| | \$'000 | \$'000 |
| Purchase of medical supplies and clinical consumables and provisions | 29 | 30 |
| Purchase of patient meals (net of discount) | 627 | 313 |
| | <u>656</u> | <u>343</u> |

Catholic Health Care Asia Limited

| | 2025 | 2024 |
|-----------------|---------------|---------------|
| | \$'000 | \$'000 |
| Governance fees | 28 | 31 |

NOTES TO THE FINANCIAL STATEMENTS

22 Funds

| Note | ← Unrestricted Funds → | | | | Total Unrestricted Funds \$'000 | ← Restricted Funds → | | | | | | | Total Restricted Funds \$'000 | Endowment Fund \$'000 | Total Funds \$'000 |
|--|-------------------------|---------------------------|----------------------|---------------------|---------------------------------|-------------------------------------|---|--------------------------------|-------------------------|-------------------------------|-----------------------|--------|-------------------------------|-----------------------|--------------------|
| | Accumulated Fund \$'000 | Staff Welfare Fund \$'000 | Building Fund \$'000 | Sinking Fund \$'000 | | Community Silver Trust Funds \$'000 | Paediatric Palliative Care Programme \$'000 | Patient Assistance Fund \$'000 | Respectance Fund \$'000 | Singapore Ireland Fund \$'000 | Gym Tonic Fund \$'000 | | | | |
| As at 1 January 2024 | 66,873 | 937 | 39,484 | 15,793 | 123,087 | 9,185 | 674 | 403 | 39 | 34 | 8 | 10,343 | 60,177 | 193,607 | |
| Income | | | | | | | | | | | | | | | |
| Income from generated fund | | | | | | | | | | | | | | | |
| Voluntary income | | | | | | | | | | | | | | | |
| - Donation - General | 8,702 | - | - | - | 8,702 | - | - | - | - | - | - | - | - | 8,702 | |
| - Donation - Mount Alvernia Hospital | 588 | - | - | - | 588 | - | - | - | - | - | - | - | - | 588 | |
| - Grant/Sponsorship received/receivable | 4,564 | - | - | - | 4,564 | 5,673 | - | - | - | - | - | 5,673 | - | 10,237 | |
| | 13,854 | - | - | - | 13,854 | 5,673 | - | - | - | - | - | 5,673 | - | 19,527 | |
| Fundraising activities | 5,410 | 16 | - | - | 5,426 | - | - | - | - | - | - | - | - | 5,426 | |
| Investment income | 2,606 | - | - | - | 2,606 | - | - | - | - | - | - | - | - | 2,606 | |
| | 21,870 | 16 | - | - | 21,886 | 5,673 | - | - | - | - | - | 5,673 | - | 27,559 | |
| Income from charitable activities | | | | | | | | | | | | | | | |
| - Government grants | 12,014 | - | - | - | 12,014 | - | - | - | - | - | - | - | - | 12,014 | |
| - Patient fees | 8,878 | - | - | - | 8,878 | - | - | - | - | - | - | - | - | 8,878 | |
| | 20,892 | - | - | - | 20,892 | - | - | - | - | - | - | - | - | 20,892 | |
| Total income | 42,762 | 16 | - | - | 42,778 | 5,673 | - | - | - | - | - | 5,673 | - | 48,451 | |

NOTES TO THE FINANCIAL STATEMENTS

NOTES TO THE FINANCIAL STATEMENTS

| Note | Unrestricted Funds | | | | Total Unrestricted Funds \$'000 |
|------|-------------------------|---------------------------|----------------------|---------------------|---------------------------------|
| | Accumulated Fund \$'000 | Staff Welfare Fund \$'000 | Building Fund \$'000 | Sinking Fund \$'000 | |

NOTES TO THE FINANCIAL STATEMENTS

| Note | Restricted Funds | | | | | | | Total Restricted Funds \$'000 | Endowment Fund \$'000 | Total Funds \$'000 |
|------|-------------------------------------|---|--------------------------------|-------------------------|-------------------------------|-----------------------|-----------------------|-------------------------------|-----------------------|--------------------|
| | Community Silver Trust Funds \$'000 | Paediatric Palliative Care Programme \$'000 | Patient Assistance Fund \$'000 | Respectance Fund \$'000 | Singapore Ireland Fund \$'000 | Gym Tonic Fund \$'000 | Endowment Fund \$'000 | | | |

Expenditure**Cost of generating funds**

| | | | | | | | | | | | | | |
|----------------------------------|-------|---|---|---|-------|---|---|---|---|---|---|---|-------|
| - Fundraising expenses | 376 | - | - | - | 376 | - | - | - | - | - | - | - | 376 |
| - Investment impairment reversed | (646) | - | - | - | (646) | - | - | - | - | - | - | - | (646) |
| | (270) | - | - | - | (270) | - | - | - | - | - | - | - | (270) |

Charitable activities

| | | | | | | | | | | | | | | |
|--|--------|-----|-------|-----|--------|-------|----|----|---|---|---|-------|---|--------|
| - Salaries and related costs | 16,235 | - | - | - | 16,235 | 6,048 | - | - | - | - | - | 6,048 | - | 22,283 |
| - Contributions to defined contribution plan | 2,414 | - | - | - | 2,414 | 125 | - | - | - | - | - | 125 | - | 2,539 |
| - Programme expenses | 12,528 | 107 | 2,482 | 142 | 15,259 | 295 | 27 | 18 | 1 | - | 3 | 344 | - | 15,603 |
| | 31,177 | 107 | 2,482 | 142 | 33,908 | 6,468 | 27 | 18 | 1 | - | 3 | 6,517 | - | 40,425 |

Governance costs

| | | | | | | | | | | | | | | |
|---------------------|-----|---|---|---|-----|---|---|---|---|---|---|---|---|-----|
| - Professional fees | 59 | - | - | - | 59 | - | - | - | - | - | - | - | - | 59 |
| - Insurance | 80 | - | - | - | 80 | - | - | - | - | - | - | - | - | 80 |
| - Others | 30 | - | - | - | 30 | - | - | - | - | - | - | - | - | 30 |
| | 169 | - | - | - | 169 | - | - | - | - | - | - | - | - | 169 |

Total expenditure

| | | | | | | | | | | | | | | |
|--|--------|-----|-------|-----|--------|-------|----|----|---|---|---|-------|---|--------|
| | 31,076 | 107 | 2,482 | 142 | 33,807 | 6,468 | 27 | 18 | 1 | - | 3 | 6,517 | - | 40,324 |
|--|--------|-----|-------|-----|--------|-------|----|----|---|---|---|-------|---|--------|

Net income/ (expenditure) before tax expense

| | | | | | | | | | | | | | | |
|---|---------------|-------------|----------------|--------------|--------------|--------------|-------------|-------------|------------|----------|------------|--------------|----------|--------------|
| | 11,686 | (91) | (2,482) | (142) | 8,971 | (795) | (27) | (18) | (1) | - | (3) | (844) | - | 8,127 |
| Income tax expense | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Net income/ (expenditure) for the year | 11,686 | (91) | (2,482) | (142) | 8,971 | (795) | (27) | (18) | (1) | - | (3) | (844) | - | 8,127 |

Transfers

| | | | | | | | | | | | | | | |
|----------------------------------|-----|---|---|------|-----|-------|---|---|---|---|---|-------|---|---|
| Transfer between funds | | | | | | | | | | | | | | |
| Restricted to unrestricted funds | 814 | - | - | (21) | 793 | (793) | - | - | - | - | - | (793) | - | - |
| | 814 | - | - | (21) | 793 | (793) | - | - | - | - | - | (793) | - | - |

| | | | | | | | | | | | | | | |
|------------------------------|---------------|-------------|----------------|--------------|--------------|----------------|-------------|-------------|------------|----------|------------|----------------|----------|--------------|
| Net movement in funds | 12,500 | (91) | (2,482) | (163) | 9,764 | (1,588) | (27) | (18) | (1) | - | (3) | (1,637) | - | 8,127 |
|------------------------------|---------------|-------------|----------------|--------------|--------------|----------------|-------------|-------------|------------|----------|------------|----------------|----------|--------------|

As at 31 December 2024

| | | | | | | | | | | | | | | |
|--|--------|-----|--------|--------|---------|-------|-----|-----|----|----|---|-------|--------|---------|
| | 79,373 | 846 | 37,002 | 15,630 | 132,851 | 7,597 | 647 | 385 | 38 | 34 | 5 | 8,706 | 60,177 | 201,734 |
|--|--------|-----|--------|--------|---------|-------|-----|-----|----|----|---|-------|--------|---------|

NOTES TO THE FINANCIAL STATEMENTS

| Note | Unrestricted Funds | | | | Total Unrestricted Funds \$'000 |
|--|-------------------------|---------------------------|----------------------|---------------------|---------------------------------|
| | Accumulated Fund \$'000 | Staff Welfare Fund \$'000 | Building Fund \$'000 | Sinking Fund \$'000 | |
| As at 1 January 2025 | 79,373 | 846 | 37,002 | 15,630 | 132,851 |
| Income | | | | | |
| Income from generated fund | | | | | |
| Voluntary income | | | | | |
| - Donation - General | 5,894 | - | - | - | 5,894 |
| - Donation - Mount Alvernia Hospital | 588 | - | - | - | 588 |
| - Grant/Sponsorship received/receivable | 4,256 | - | - | - | 4,256 |
| | 10,738 | - | - | - | 10,738 |
| Fundraising activities | 5,534 | 16 | - | - | 5,550 |
| Investment income | 1,893 | - | - | - | 1,893 |
| | 18,165 | 16 | - | - | 18,181 |
| Income from charitable activities | | | | | |
| - Government grants | 18,994 | - | - | - | 18,994 |
| - Patient fees | 10,271 | - | - | - | 10,271 |
| | 29,265 | - | - | - | 29,265 |
| Total income | 47,430 | 16 | - | - | 47,446 |

NOTES TO THE FINANCIAL STATEMENTS

| Note | Restricted Funds | | | | | | | Total Restricted Funds \$'000 | Endowment Fund \$'000 | Total Funds \$'000 |
|--|-------------------------------------|---|--------------------------------|-------------------------|-------------------------------|-----------------------|-------------------------------|-------------------------------|-----------------------|--------------------|
| | Community Silver Trust Funds \$'000 | Paediatric Palliative Care Programme \$'000 | Patient Assistance Fund \$'000 | Respectance Fund \$'000 | Singapore Ireland Fund \$'000 | Gym Tonic Fund \$'000 | Total Restricted Funds \$'000 | | | |
| As at 1 January 2025 | 7,597 | 647 | 385 | 38 | 34 | 5 | 8,706 | 60,177 | 201,734 | |
| Income | | | | | | | | | | |
| Income from generated fund | | | | | | | | | | |
| Voluntary income | | | | | | | | | | |
| - Donation - General | - | - | - | - | - | - | - | - | 5,894 | |
| - Donation - Mount Alvernia Hospital | - | - | - | - | - | - | - | - | 588 | |
| - Grant/Sponsorship received/receivable | 7,522 | - | - | - | - | 132 | 7,654 | - | 11,910 | |
| | 7,522 | - | - | - | - | 132 | 7,654 | - | 18,392 | |
| Fundraising activities | - | - | - | - | - | - | - | - | 5,550 | |
| Investment income | - | - | - | - | - | - | - | - | 1,893 | |
| | 7,522 | - | - | - | - | 132 | 7,654 | - | 25,835 | |
| Income from charitable activities | | | | | | | | | | |
| - Government grants | - | - | - | - | - | - | - | - | 18,994 | |
| - Patient fees | - | - | - | - | - | - | - | - | 10,271 | |
| | - | - | - | - | - | - | - | - | 29,265 | |
| Total income | 7,522 | - | - | - | - | 132 | 7,654 | - | 55,100 | |

NOTES TO THE FINANCIAL STATEMENTS

NOTES TO THE FINANCIAL STATEMENTS

| Note | Unrestricted Funds | | | | Total Unrestricted Funds \$'000 | Restricted Funds | | | | | | | Total Restricted Funds \$'000 | Endowment Fund \$'000 | Total Funds \$'000 |
|---------------------------------|---|------------------------------|-------------------------|------------------------|------------------------------------|--|--|-----------------------------------|----------------------------|----------------------------------|--------------------------|-----|----------------------------------|--------------------------|-----------------------|
| | Accumulated Fund \$'000 | Staff Welfare Fund \$'000 | Building Fund \$'000 | Sinking Fund \$'000 | | Community Silver Trust Funds \$'000 | Paediatric Palliative Care Programme \$'000 | Patient Assistance Fund \$'000 | Respectance Fund \$'000 | Singapore Ireland Fund \$'000 | Gym Tonic Fund \$'000 | | | | |
| Expenditure | | | | | | | | | | | | | | | |
| Cost of generating funds | | | | | | | | | | | | | | | |
| | - Fundraising expenses | 403 | - | - | - | 403 | - | - | - | - | - | - | - | - | 403 |
| 14 | - Investment impairment reversed | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | | 403 | - | - | - | 403 | - | - | - | - | - | - | - | - | 403 |
| Charitable activities | | | | | | | | | | | | | | | |
| | - Salaries and related costs | 19,483 | - | - | - | 19,483 | 5,328 | - | - | - | - | - | 5,328 | - | 24,811 |
| | - Contributions to defined contribution plan | 2,662 | - | - | - | 2,662 | 108 | - | - | - | - | - | 108 | - | 2,770 |
| | - Programme expenses | 13,526 | 103 | 2,482 | 217 | 16,328 | 66 | 1 | 241 | 6 | - | 3 | 317 | - | 16,645 |
| 15 | | 35,671 | 103 | 2,482 | 217 | 38,473 | 5,502 | 1 | 241 | 6 | - | 3 | 5,753 | - | 44,226 |
| Governance costs | | | | | | | | | | | | | | | |
| | - Professional fees | 95 | - | - | - | 95 | - | - | - | - | - | - | - | - | 95 |
| 16 | - Insurance | 74 | - | - | - | 74 | - | - | - | - | - | - | - | - | 74 |
| | - Others | 7 | - | - | - | 7 | - | - | - | - | - | - | - | - | 7 |
| | | 176 | - | - | - | 176 | - | - | - | - | - | - | - | - | 176 |
| | Total expenditure | 36,250 | 103 | 2,482 | 217 | 39,052 | 5,502 | 1 | 241 | 6 | - | 3 | 5,753 | - | 44,805 |
| | Net income/ (expenditure) before tax expense | 11,180 | (87) | (2,482) | (217) | 8,394 | 2,020 | (1) | (241) | (6) | - | 129 | 1,901 | - | 10,295 |
| 18 | Income tax expense | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Net income/ (expenditure) for the year | 11,180 | (87) | (2,482) | (217) | 8,394 | 2,020 | (1) | (241) | (6) | - | 129 | 1,901 | - | 10,295 |
| Transfers | | | | | | | | | | | | | | | |
| | Transfer between funds | | | | | | | | | | | | | | |
| | Restricted to unrestricted funds | (29,489) | - | - | (161) | (29,650) | (173) | - | - | - | - | - | (173) | 29,823 | - |
| 9 | | (29,489) | - | - | (161) | (29,650) | (173) | - | - | - | - | - | (173) | 29,823 | - |
| | Net movement in funds | (18,309) | (87) | (2,482) | (378) | (21,256) | 1,847 | (1) | (241) | (6) | - | 129 | 1,728 | 29,823 | 10,295 |
| | As at 31 December 2025 | 61,064 | 759 | 34,520 | 15,252 | 111,595 | 9,444 | 646 | 144 | 32 | 34 | 134 | 10,434 | 90,000 | 212,029 |

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“

As the heavens are higher
than the earth, so are my
ways higher than your
ways and my thoughts
than your thoughts.

”

Isaiah 55:9



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